AMERICAN MEDICAL TIMES

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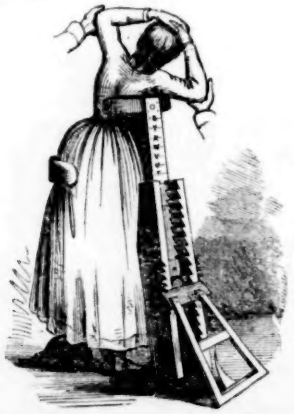
Dr. Charles F. Taylor's Treatment,

BY LOCALIZED MOVEMENTS, OF SPINAL CURVATURES AND PARALYSIS, (AND AS AN AUXILIARY TREATMENT) OF MOST CHRONIC DISEASES, EMBRACES THE FOLLOWING PRINCIPLES:—

1. LATERAL CURVATURE OF THE SPINE

Sample movement for lateral curvature to the right—expanding contracted (left) side, unbending spine, and pressure on projecting (right) shoulder.

Is caused by *unequal action* of the spinal muscles, generally (but not always) accompanied by muscular weakness. Sound sense and experience prove that supporters, by preventing muscular action, increase the weakness and aggravate the disorder; while gymnastics, acting on all muscles alike, can, at most, only benefit the general health, but cannot correct relative disproportions of muscular strength. A CURE would consist in such *regulated* action of the muscles as, in accordance with the anatomy of the body and peculiarity of the deformity, would expand the contracted muscles on the shrunken side, and contract the expanded muscles on the projecting side, and, by introducing a series of muscular actions *opposite* that which produced the deformity, would thus reestablish a uniform and harmonious action of antagonist muscles, when the deformity would disappear. (See cuts.)

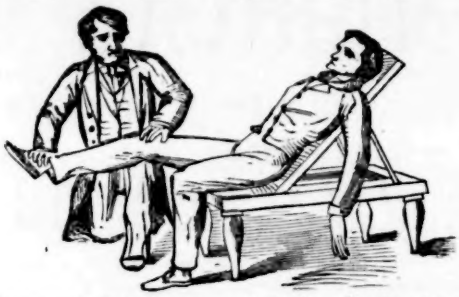


Sample movement for lateral curvature to the right—contracting the expanded (right) side, unbending spine, and pressure on projecting (right) shoulder.

2 PARALYSIS'

Is produced by a suspension of the nervous stimulus to the muscles by some cause affecting the nervous centres. The shock may have passed off, or the clot in the brain may have become absorbed, and the paralysis may still, wholly or in part, remain, because it requires a special effort to re-establish the connexion of brain and muscles. In ordinary exercise, the *un*affected muscles perform the most of the action, while the paralyzed ones perform the least.

This process should be reversed, and the paralyzed muscles made to act while the unaffected parts are at rest. The nerves must be re-educated to perform their functions, by sustained, gentle, well-directed, and repeated efforts of the will on the affected muscles, till the latent power is developed to be an efficient one.



Sample movement for paralysis,—concentrating the *will* on the extensors of the leg, while the rest of the body is at rest.

3. ANGULAR CURVATURE OF THE SPINE

(Pott's disease) consists of actual disease of the bodies of the vertebræ, with loss of substance at the point of disease. The weakened *spine* needs support, but the *muscles* should not be confined.

"Spinal assistant" for *angular* curvature (Pott's disease), provided with hinges (*f, f, f, f, G, G*), which allow the spinal muscles to act.

An original instrument (see cut) is used, so constructed with several hinges which bend backward but not forward, that while the spine is supported and the diseased surfaces relieved from pressure, the muscles of the back are encouraged to act (instead of being prevented, as in all other instruments), and thus the muscles themselves are made the efficient part of the instrument acting over the curvature to reduce it. There is no confinement; it is very adjustable; the pressure is increased and diminished at pleasure, and it is worn with the greatest comfort. The importance of thus developing the spinal muscle, contiguous to the diseased point, cannot be overestimated, as results show.

4. THE TREATMENT

(which is based on the Swedish system of Ling), is purely scientific and physiological, and though it is not claimed to be applicable to every case, in many it is very clearly indicated; as, in dyspepsia and constipation, by acting on the stomach and bowels, to give tone to the digestive organs; in consumption, by expanding the chest, distributing the circulation, and increasing the aerating process; in diseases incident to women, by giving general vigor to the muscles, especially of the back, hips, and abdomen, relieving the downward tendency of the organs, and increasing the peripheric circulation, to relieve uterine and other internal congestions.

AND IN ALL CASES the treatment is done, not by the patient's unaided efforts, but by trained assistants, nicely adapting each movement to the strength and needs of each patient, precisely as prescribed by the physician to secure the desired local or general results. There is nothing like "rubbing," "gymnastics," or calisthenics" about it, patients are never fatigued, but from the first are very fond of it.

The co-operation of the family physician, as is mostly the case in this city, is always desired when practicable. Cases likely to be benefited are solicited through the profession.

CHARLES F. TAYLOR, M.D.,
29 COOPER INSTITUTE, NEW YORK.

References:

DR. J. M. CARNOCHAN,	DR. J. MARION SIMS,
" J. W. FRANCIS.	" R. F. BARKER,
" HENRY G. COX.	" E. R. PEASLEE,

DR. L. A. SAYRE.
Dr. A. E. HOSACK, and the profession generally in New York.

Bellevue Hospital Medical College.

—ANNOUNCEMENT FOR 1861-2.—The Trustees and Faculty announce, with much pleasure, the organization of this College, with a corps of thirteen Professors, and a full course of lectures during the next autumn and winter.

FACULTY.

ISAAC E. TAYLOR, M.D., *President.*
BENJAMIN W. McCREADY, M.D., *Secretary.*
R. OGDEN DOREMUS, M.D., *Treasurer.*

JAMES R. WOOD, M.D., Professor of Operative Surgery and Surgical Pathology.
FRANK H. HAMILTON, M.D., Professor of Military Surgery, Fractures, and Dislocations.
LEWIS A. SAYRE, M.D., Professor of Orthopedic Surgery.
ALEXANDER B. MOTT, M.D., Professor of Surgical Anatomy.
STEPHEN SMITH, M.D., Professor of the Principles of Surgery.
ISAAC E. TAYLOR, M.D., GEORGE T. ELLIOT, M.D., B. FORDYCE BARKER, M.D., } Professors of Obstetrics and the Diseases of Women and Children.
BENJAMIN W. McCREADY, M.D., Professor of Materia Medica and Therapeutics.
TIM. CHILDS, M.D., Professor of Descriptive Anatomy.
AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine.
R. OGDEN DOREMUS, M.D., Professor of Chemistry and Toxicology.
AUSTIN FLINT, Jr., M.D., Professor of Physiology and Microscopic Anatomy.
CHARLES D. PHELPS, M.D., Demonstrator of Anatomy.
N. R. MOSELY, M.D., Prosector to Chair of Surgical Anatomy.
SYLVESTER TEATS, M.D., Prosector to Chair of Operative Surgery and Surgical Pathology.

PRELIMINARY TERM.

A preliminary term will commence on Wednesday, September 18, 1861, and continue until the beginning of the regular term. In addition to daily instruction in the hospital wards, and clinical lectures, at least three lectures will be given daily on subjects of practical importance, by members of the Faculty, during this term. Among the subjects which will be taken up during the preliminary term are the following:—Organic Affections of the Uterus, by Prof. Taylor; Uterine Displacements, by Professor Barker; Inflammatory Diseases of the Uterus and Appendages, by Prof. Elliot; the Thoracic Viscera, by Prof. Childs; Auscultation and Percussion, by Prof. Flint; Syphilis, by Professor Hamilton; Surgical Affections of the Genito-Urinary Apparatus, by Prof. Wood; Endosmosis and Exosmosis, with their Practical Applications, by Professor Doremus.

The attention of students and practitioners is invited to the variety and practical importance of the subjects which will be treated of during the preliminary term. Although attendance is not required on the part of the student, it is designed to render this term, not a nominal, but an actual extension of the period of instruction.

Dissections may be prosecuted during this term as well as during the whole of the regular term.

REGULAR TERM.

The regular term will commence on Wednesday, October 16, 1861, and end in the early part of March, 1862.

During the regular term the lectures will be so arranged as not to interfere with attendance in the hospital wards. Ample time will be allowed for accompanying the visiting physicians and surgeons in their daily rounds, attending clinical lectures in the hospital amphitheatre, witnessing surgical operations, and autopsical examinations, without conflicting with any of the didactic lectures.

This College, having been established in connexion with the Bellevue Hospital, offers peculiar advantages arising from the fact that the lectures in all the departments of instruction will be given within the hospital grounds. The Professors in all the practical branches being connected with the hospital, either as visiting physicians or surgeons, all the important subjects pertaining to Surgery, Obstetrics, Therapeutics, and the Practice of Medicine can be amply illustrated by cases under observation in the hospital wards, and by autopsical examinations, simultaneously with their consideration in the lecture room; loss of time in going to and from the hospital is saved; the student is always at hand when cases of accident are received, or operations in Surgery and Obstetrics suddenly called for; and there will be no encroachments of didactic and clinical instruction upon each other.

The aim of the Faculty of the College, with the co-operation of the Comsioners of Public Charities and Correction, is to make the immense hospital resources at their disposition, available to the fullest extent for purposes of instruction. In 1860, more than *eleven thousand patients* were received into Bellevue Hospital, and over *four hundred births* took place in this hospital during the year. The large hospital recently erected on Blackwell's Island, will also be open for medical instruction, and students will be conveyed to the Island by the hospital steamer without expense. It may be safely said that the vast field afforded by these Charities for the study of diseases at the bed-side, for witnessing every variety of operations in Surgery, together with the treatment of surgical affections, for the study of morbid anatomy, and the practice of obstetrics, is not surpassed elsewhere in this or any other country.

Ample provisions will be made for pursuing practical anatomy. Anatomical material will be supplied in abundance and with but little expense to the student.

Twenty-two resident Physicians and Surgeons are annually appointed on recommendation of the Medical Board of the Hospital, after an examination by this Board, and receive a salary sufficient for their support.

Fees for all the lectures during the preliminary and regular terms, $105. Tickets for any of the departments during the regular term may be taken out separately, the fees being proportionate to the number taken.

The fee for all the lectures during the preliminary term is $10. This sum will be deducted from the fees for the whole course ($105), if tickets to the latter be taken out.

Matriculation Fee	$ 5
Graduation Fee	30
Demonstrator's Ticket	5

Payment in all cases is required, and the tickets must be taken out at the beginning of the term.

The requisites for graduation are, twenty-one years of age; three years study with a regular and reputable practitioner (or practitioners), inclusive of the time of attendance at lectures; two full courses of lectures, the last in this College; proper testimonials of character; an acceptable thesis, and an examination by seven of the Professors in the several departments of instruction.

This College is endowed with all the powers and privileges belonging to any chartered Medical school in this State.

Circulars will be sent and further information given, on application to Professor Benjamin W. McCready, Secretary, No. 7 West Ninth street; or to Professor Isaac E. Taylor, President, No. 13 West Twentieth street.

Board and lodging can be obtained in New York for from $3 to $5 per week.

Students on arriving in the city are requested to report at once at the office of the College at Bellevue Hospital, situated on the East River, between Twenty-sixth and Twenty-eighth streets.

College of Physicians and Surgeons.

MEDICAL DEPARTMENT OF COLUMBIA COLLEGE.

Corner of Twenty-third Street and Fourth Avenue, New York.

Session of 1861-2.

EDWARD DELAFIELD, M.D., President, and Professor Emeritus of Obstetrics.
ALEXANDER H. STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.
JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry and Botany.
JOSEPH MATHER SMITH, M.D., Professor of Materia Medica and Clinical Medicine.
ROBERT WATTS, M.D., Professor of Anatomy.
WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.
CHANDLER R. GILMAN, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.
ALONZO CLARK, M.D., Professor of Pathology and Practical Medicine.
JOHN C. DALTON, JR., M.D., Professor of Physiology and Microscopic Anatomy.
SAMUEL ST. JOHN, M.D., Professor of Chemistry.
THOS. M. MARKOE, M.D., Adjunct Professor of Surgery.
HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Preliminary Term for the Session of 1861-2, will commence on MONDAY, SEPTEMBER 23, and continue four weeks, until the opening of the Regular Term in October.

The Regular Term will commence on MONDAY, OCTOBER 21, and continue until the *second* Thursday of March, following.

Fees for a Full Course of Lectures, $105; Matriculation, $5; Graduation, $30.

JNO. C. DALTON, JR., M.D., *Secretary of the Faculty.*

University of New York Medical

Department. Session, 1861-2.

The Session for '61-62 will begin on Monday, October 21, and will be continued until the 1st of March.

FACULTY OF MEDICINE.

REV. ISAAC FERRIS, D.D., LL.D., Chancellor of the University.
VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.
MARTYN PAINE, M.D., LL.D., Professor of Materia Medica and Therapeutics.
GUNNING S. BEDFORD, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.
JOHN W. DRAPER, M.D., LL.D., Professor of Chemistry and Physiology, President of the Faculty.
ALFRED C. POST, M.D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.
WILLIAM H. VAN BUREN, M.D., Professor of General and Descriptive Anatomy.
JOHN T. METCALFE, M.D., Professor of the Institutes and Practice of Medicine.
J. W. S. GOULEY, M.D., Demonstrator of Anatomy.
J. H. HINTON, M.D., Prosector to the Professor of Surgery.
ALEXANDER B. MOTT, M.D., Prosector to the Emeritus Professor of Surgery.

Besides daily Lectures on the foregoing subjects, there will be five Cliniques, weekly, on *Medicine*, *Surgery*, and *Obstetrics*.

Fees for a full course of Lectures, $105; Matriculation Fee, $5; Graduation Fee, $30; Demonstrator's Fee, $5.

Free admission to the NEW YORK HOSPITAL and BELLEVUE HOSPITAL, where students will enjoy the usual opportunities of witnessing the Surgical operations, the *post-mortem* examinations, clinical instruction, &c. Professors MOTT and POST are Consulting Surgeons at the New York Hospital; and Professor MOTT is the senior Consulting Surgeon at the Bellevue Hospital.

ST. VINCENT'S HOSPITAL, the EYE and EAR INFIRMARY, and the CITY DISPENSARIES, are equally open to the students attending the University Medical College.

The Undersigned respectfully offers

his services to the Medical Profession as Cupper, Leecher, and Surgical and Medical Nurse. The strictest obedience will be paid to the orders of the physician or surgeon in attendance, and the utmost fidelity observed.

Ample references for character and capacity can be furnished.

JOSHUA BRADSHAW,
468 3d Avenue, Entrance 34th Street, N.W. corner.

Mrs. Bradshaw will perform similar services for ladies.

Original Lectures.

A COURSE OF LECTURES ON CHANCRE,

DELIVERED AT THE BALTIMORE INFIRMARY.

BY

WILLIAM A. HAMMOND, M.D.

PROFESSOR OF ANATOMY AND PHYSIOLOGY IN THE UNIVERSITY OF MARYLAND, SURGEON TO, AND LECTURER ON CLINICAL SURGERY IN THE BALTIMORE INFIRMARY.

Lecture IV.

Gentlemen:—We have heretofore only considered one species of venereal ulcers, the soft, non-infecting chancre, and the accidents to which it is liable. We have seen that this variety is altogether a local disease, causing no constitutional affection except, under certain circumstances, the excitement or debility which may attend all long continued or severe local diseases. You have witnessed the truth of this assertion in the frequent examples of soft chancre which have been, or are now, in the house. Many of them have lasted a long time, yet in not a single instance has there been the least manifestation of constitutional syphilis.

We have seen, too, that the complications to which the soft chancre is liable, are exceedingly important, and are really more to be dreaded than the original affection. Yet these complications are altogether local, never causing constitutional syphilis, and therefore never converting the non-infecting into an infecting chancre.

It has also been pointed out to you, that as the soft chancre is a local disease, the treatment must be mainly local, and that it consists chiefly in destroying its specific character by escharotic substances. I shall not recall to your minds the details which have already been fully brought before you. They have been doubly impressed upon you from the examples in which you have seen them carried out.

But, gentlemen, we come now to a chancre of a far different character: the indurated chancre, the infecting chancre, the true syphilitic chancre, the chancre *par excellence*. It is the indurated chancre, because it alone possesses a true indurated base; it is the infecting chancre, because it alone poisons the system; it is the syphilitic chancre, because it alone causes syphilis; and it is the chancre *par excellence*, because it alone possesses all these characteristics which I have mentioned; characteristics which have caused it to be studied by the most eminent men in the profession; which have rendered it a terror to mankind, and which have therefore placed it high in the pathological scale above its more humble congener.

What do we know of the history of this chancre? Not much, previous to Hunter's investigations, although there is no doubt but that induration had been noticed by syphilographers before Hunter directed attention to this circumstance. It is, however, so generally associated with this great physiologist's researches, that the indurated chancre is frequently known as the Hunterian chancre.

Without stopping to dwell upon the opinions and experiments of intermediate writers, we come to those of our own day, and first among these we find M. Ricord. In spite of his many unsustained theories, and notwithstanding his dogmatism and vacillation, we cannot hesitate to award to him the most exalted position among syphilologists. He, following the course which Hunter had indicated, excelled him in the number and variety of his experiments, and drew from them deductions which, if not always correct, have constituted the study of venereal diseases a science at once philosophical and beautiful.

Ricord has always insisted upon the importance of induration, and though for many years holding to the doctrine of a single syphilitic virus, he has long taught that induration and constitutional infection were most intimately related. He thought, however, that the induration was caused by other circumstances than a distinct and specific virus.

But I will not detain you now with the discussion of the views which Ricord and other syphilographers hold, as I propose to enter more at length into this subject in another lecture. I shall therefore at once proceed to point out to you the characteristics of the indurated, or infecting chancre.

Like the simple chancre, the indurated chancre has its period of incubation; from the fourth to the fourteenth day being the period after connexion during which it generally makes its appearance. The average time is about the fifth day. A gentleman who was under my charge a short time since for an indurated chancre of the frænum, assured me that it did not show itself till the end of the sixth week after any connexion. A similar case is related by Hunter, but it is not so well authenticated as the foregoing. Such instances, however, are altogether exceptional, and unless you know that your patient has no motive for deception, you should be careful how you believe any statement of lengthened incubation.

An indurated chancre may appear either as a pustule or an excoriation, under the same conditions which I have pointed out when treating of the simple chancre. If the epidermis is intact, you have it originating as a pustule; if it is abraded, you have the excoriation. Up to the period of induration, there is no essential difference between the chancre under consideration and the non-infecting variety. This pathognomonic sign, this necessary accompaniment of the infecting chancre, makes its appearance ordinarily about the fifth day. According to my experience, this is the most usual period. Ricord puts it somewhat later, assuming the third day as the earliest time for the manifestation of induration. Now I am sure I have seen induration appear before the third day. I have several times seen it present from the very first, under circumstances where no doubt could exist in regard to the matter. In the army, soldiers who have anything suspicious about their genital organs, make their appearance at the hospital at the earliest practicable moment. It is often possible, also, to fix the exact period of connexion; and therefore, as you perceive, certainty can frequently be arrived at in venereal diseases, in regard to points which, in civil practice, are difficult to elucidate. But I shall, I am sure, impress the fact of the very early occurrence of induration more forcibly upon your minds, by giving you the particulars of a case in point, which I select from five similar ones, of which I have the notes.

An infantry soldier came to me, complaining of an itching of his penis. At the time, the command with which I was on duty, was marching from Laguna, New Mexico, to Doña Ana, in the same Territory. The evening previous to the soldier applying to me, we had encamped on the outskirts of a small town, Las Lunas, and the man informed me, in answer to my question, that he had then and there had sexual intercourse with two Mexican women. Upon examining him carefully, no pustule or abrasion were to be perceived. The itching, however, was very annoying, and was felt immediately in the centre of the frænum. I directed it to be covered with simple cerate, and ordered him to come again at the expiration of twenty-four hours. He did so. A pustule was then commencing to form, and upon feeling the base, I had no difficulty in detecting well-marked induration. I allowed the sore to go on, simply dressing it with a weak solution of sulphate of zinc. It ulcerated in the usual way, a well-marked indurated chancre being produced. Mercury was given internally. On the fifth day a swelling appeared in the groin, and a fully developed indurated bubo was the consequence. I was separated from this detachment soon afterwards, and lost sight of the man for several months. I saw him once subsequently. The chancre had healed, but he had well-marked syphilitic sore throat and skin eruption.

Now, the points in this case which are important are—

First. The short period of incubation, thirty-six hours only elapsing till a well formed pustule was developed, and

Second. The appearance of the induration synchronously with the pustule.

There can be no doubt either in regard to the exact period of connexion, as the man had no opportunity for having sexual intercourse for twelve days before he was infected, and I ascertained positively that he had not availed himself of the privilege at that time.

As to the induration preceding the pustule or excoriation, I have only to say, that I have never seen it, without, however, presuming to deny, as does Ricord, that such an occurrence ever takes place.

Now, in regard to the character of this induration, it is in general so well marked that in ordinary cases you will rarely run any risk of mistaking it for anything else, after you have become, by experience, familiar with its feel. Take hold of a chancre possessing this characteristic with the thumb and forefinger pressing against its opposite edges, and you will experience, ordinarily, a sensation as if a split pea (to use Bell's very excellent simile) is placed immediately under it. The induration does not extend beyond the base of the chancre; it is perfectly abrupt and circumscribed. This is one form, and the most common under which induration appears; but there is another, particularly important on account of the delicacy of touch which may be necessary for its discovery. Ricord calls this the parchment induration, and the term expresses very exactly the character of it. It feels precisely as if a piece of parchment is placed directly under the floor of the chancre, and extending to its circumference. It requires some tact, at times, to detect this variety of induration. You will recollect that in speaking of the soft chancre, I mentioned to you that an appearance of induration might sometimes be present, owing to various other causes than specificity. The soft chancre may have hardness at the base from phlegmonous action, or from the effects of astringent or caustic washes, or from the cicatrix which forms around it as it heals. The first of these differs from the specific induration in the fact that it extends beyond the base of the chancre, and is not abrupt; the second differs from induration in the feeling which it communicates to the fingers, but which feeling cannot be explained in words, and can only be learned by experience; it soon disappears when the applications which have caused it are intermitted. The third is only felt at the edges of the chancre, and is moreover, like the last named, of different character. This difference between hardness and induration I have frequently pointed out to you in the wards of the infirmary, and I shall not, therefore, attempt the difficult task of explaining it orally.

There are some parts of the body in which induration is more distinctly manifested than in others. Thus on the corona it is more prominently marked than on the prepuce; upon the labia, the clitoris, and the nymphæ, more than on the cervix or the mucous membrane of the vagina. At the anus it is extremely difficult to detect, and some authors have doubted its occurrence at all on the os uteri. I have, however, seen one well marked case of indurated chancre on this portion of the body in which secondary symptoms supervened, and Ricord has seen others. Upon the lips and tongue induration is generally well marked.

The cause of this difference is probably due, as Ricord supposes, to the difference in the quantity of lymphatic vessels distributed to a part. Where these are plenty, the induration is decided, and vice versa.

The indurated base has been submitted to microscopical examination by Robin and Marchal, who detected as the principal elements an increased amount of white fibrous tissue, and a considerable amount of amorphous matter. I have also several times examined this substance microscopically, but never found anything but an increased amount of connective tissue in various stages of development. My examinations do not differ essentially in their results, therefore, from those above referred to. So much for the induration at present, though at a future time I shall return to the subject; there are other features of the infecting chancre to which I wish to draw your attention.

The indurated chancre is seldom large, rarely larger than a half dime, and is not accompanied with as much irritation as attends the soft variety. The edges of the chancre, instead of being perpendicular, are inclined towards the centre of the base, so that it presents a cup-like appearance. The bottom of it is generally even and shining, and of a light-grey color, though sometimes red. The discharge from it is not plentiful as in the soft chancre, and is different microscopically. As I have already mentioned to you, the secretion from the surface of a soft chancre is puriform. When it is submitted to microscopical examination it is seen to be mainly composed of pus corpuscles of perfectly normal structure. On the other hand the secretion from an indurated chancre is thin, and, when examined with the microscope, instead of numberless pus globules a few only are seen. The morphological elements are principally epithelial cells. When acetic acid is added to the fluid the pus corpuscles dissolve without giving any evidence of the existence of a nucleus. Doubtless, however, this is present, but undergoes solution with the cell wall. We have seen that the simple chancre is generally multiple; the infecting chancre, on the other hand, is usually single. M. Fournier found, that of 456 patients affected with indurated chancre 341 had only one, 86 had two, 20 had three, and 5 had four, 2 had five, 1 had six, and one had nineteen; making altogether 115 cases in which they were multiple. The indurated chancre, therefore, being single in three out of four cases.

M. Clere found the indurated chancre single in 224 cases, and multiple in 43, the instances of the latter being less than a sixth of the whole.

My own experience is to the same effect; of 168 cases of indurated chancre in which I have noted down the circumstance, I find that 141 were single, and only 27 multiple, a little less than one-sixth of the whole number.

The reason for this you already know from what has previously been said to you. An individual has an indurated chancre but once, and consequently he is not liable to contract fresh chancres from an original sore. There is, therefore, in general but one way by which more than one indurated chancre can exist upon the same person, and that is by the simultaneous inoculation of several distinct parts of the body. A portion of chancrous matter may be deposited for instance in the fourchette, another portion near the urethra, another portion on the cervix uteri. Under such circumstances we may have three distinct chancres progressing synchronously.

Owing to the fact that an individual has an indurated chancre but once in a lifetime, we have one of the most certain methods of distinguishing this form of chancre from the soft variety. The secretion from an indurated chancre, when inoculated on the affected individual, gives negative results. No chancre is formed, whereas there is perhaps no limit or at most an exceedingly remote one to the number of successful inoculations which may be practised on one person with the matter of the simple chancre. M. Lindman, who may fairly claim to exhibit in a pre-eminent degree that devotion to science which so frequently characterizes her rotaries, has inoculated himself successfully nearly 3000 times.

You must not, however, understand me to say, that an individual who has once had an infecting chancre, can absolutely never have another. Small-pox, scarlet fever, and measles, as a rule, occur but once, yet occasionally we meet with persons who have them twice. But I believe that the immunity from indurated chancre is greater with those who have once had this sore than that given by any other infectious disease with which we are acquainted. I have several hundred times endeavored to inoculate individuals with the virus from indurated chancres on their own persons, and never once with an affirmative result.

But there is another fact of importance connected with the inoculation and contagion of these chancres which requires attention. You will doubtless recollect that, in speaking of the soft chancre, I stated, that when it is far advanced in the process of healing it loses in a great measure its specific character, and is no longer capable of being propagated. This view is contrary to that held by Ricord and his followers, who contend that a non-indurated chancre retains its virulent character to the last. We will not stop now to discuss this point. In regard, however, to the infecting chancre there can be no doubt; it becomes less virulent when it ceases to progress, and when it has commenced to heal loses its virulent characteristics entirely. It can no longer be propagated by inoculation. You must not forget this fact in your practical studies, for it is one of very great importance.

The indurated chancre is not só liable to complications such as inflammation, excessive ulceration, or phagedena. It is quite a rare event to find an infecting chancre thus attacked. I have seen but two cases of phagedena supervening on an indurated chancre, and both of these were in New Mexico.

Another phenomenon of the indurated chancre is the indurated bubo, to which reference has already been incidentally made. This is an almost constant companion, Ricord thinks an invariable one; but I am satisfied that in some cases it may be prevented by the timely administration of mercury. I should say it is inevitable, if mercury is not given so as to produce its characteristic effects upon the system at a very early period of the disease. A few weeks since a gentleman came to my office with a well marked indurated chancre on the frænum. It was still in its pustular condition, and I cauterized it with the sulphuric acid paste. The bi-chloride, in combination with the iodide of potassium (a compound which I have generally found to possess very decided advantages), was then administered. The chancre commenced to heal kindly, and no bubo appeared. After taking the above combination for a little more than a month it was discontinued, the chancre having entirely cicatrized; and though it remained indurated during the whole process of healing, the induration became less and less, and when I saw him a few days since it had entirely disappeared.

I have also seen one case in which secondary symptoms manifested themselves, and in which there had never been a bubo. The chancre was situated upon the corona, and was seen very early after infection—on the fifth day. Induration was well marked. It was cauterized, and the patient placed at once under the influence of mercury. Secondary symptoms appeared during the sixth week. The chancre by this time had healed entirely, but there was no bubo.

These cases are certainly to be regarded as exceptions, and hardly invalidate the correctness of the law laid down by Ricord relative to the invariable attendance of the indurated bubo on the indurated chancre.

This form of bubo is doubtless to be regarded as of very great importance in diagnosing the character of a venereal sore, and I shall therefore mention now some of its more obvious characteristics, reserving the full consideration of it for another occasion.

The bubo consequent upon an indurated chancre, is always seated in those glands which are in direct relation with the lymphatic vessels of the affected part; in this respect, therefore, being in no way different from the bubo due to the presence of a simple non-infecting chancre. Thus if the chancre is seated on the hand, the glands immediately above the elbow are the seat of the bubo; if the chancre exists on the lips, the submaxillary lymphatic glands are affected; if the penis, the scrotum, or the labia are the seat of chancre, the buboes will be found in the superficial inguinal glands, and so on. Let us take for an example the inguinal bubo, as it is more frequently met with, for obvious reasons, than any other.

During the first week or at latest during the second week of the existence of an indurated chancre, the indurated bubo makes its appearance. From the first you have a valuable sign, by which it may be distinguished from any other form of bubo in this, that the enlargement is not limited to a single gland, as in the other species of bubo, but affects all the glands of the cluster to which the lymphatics of the chancrous region are distributed. The indurated glands feel as if they were bullets placed under the skin, being quite characteristic in this respect.

The indurated bubo never suppurates unless it is attacked with inflammation from some other cause, as cold, injury, etc. In such cases it never furnishes inoculable pus, and here we have two points of difference with the bubo resulting from the absorption of the pus of a soft chancre, which always suppurates, and which does furnish pus capable of causing a chancre of the same species as the parent ulcer.

These, gentlemen, are some of the chief symptoms and concomitants of the infecting chancre. There are others, however, of still greater importance which we will discuss in subsequent lectures, as also some other interesting points relative to the indurated bubo. In the foregoing remarks I have mainly considered those circumstances which are indicative of the presence of this form of chancre, and which consequently are of most importance to you in enabling you to arrive at an early and exact diagnosis.

Original Communications.

SANITARY SCIENCE IN THE CAMP.

BEING THE CONCLUSIONS OF THE COMMISSION APPOINTED BY THE BRITISH GOVERNMENT, TO INQUIRE INTO THE SANITARY CONDITION OF THE ARMY IN THE CRIMEA.

By GEO. W WILDE, M.D.
OF LONDON.

Although it has been my fortune to spend a considerable portion of my professional life abroad, I still take a deep interest in the political affairs of my native country, and would gladly add whatever of influence or power I may possess to sustain a Government, the wisest and most beneficent ever created, in its efforts to maintain its supremacy. That the Federal Government will have an army of any dimensions which it may require, I do not doubt; nor do I doubt the results of the war. The old flag—the stars and stripes—will long continue to float an emblem of a united and a free government; not only over every inch of our national domain, but in every harbor of the civilized world.

But the question of vital interest to me is, will there not be an immense and needless sacrifice of life from preventible diseases in an army so quickly collected from among the people, and so unaccustomed to the habits and pursuits of the soldier's life? I am glad to learn that this subject has already engaged your attention, and that measures have been taken by government to remedy these evils.

My attention has been repeatedly called to the sanitary condition of troops in my travels on the continent, and in the East; and my observations have given me the liveliest apprehensions in regard to the health of the vast army now assembled along the borders of the Southern States. Unless the highest degree of intelligence in matters relating to the management of troops in camp, and in the field, is possessed by the medical staff, the disasters by sickness are far more to be apprehended than reverses on the battle-field; as American physicians have had little actual experience in military life, and as the medical literature of military surgery has to be obtained, for the most part, from abroad.

Yet, it has occurred to me, that there is a large fund of facts relating to the hygiene of armies contained in public documents, and hence quite inaccessible—at least to the majority of medical men. The record of many of these investigations are rich in the fruits of sanitary science

applied to armies. I believe I cannot do my professional brethren at home, who are now engaged in their country's service, a better service than by giving at some length, and in detail, except where condensation is possible, the results of some of these official inquiries.

The following are the conclusions of the Sanitary Commission sent to the Crimea by the British government, to inquire into the sanitary condition of the troops. They will be seen to embrace the most important facts relating to the hygiene of camps, and are the result of a series of long and laborious observations:—

PRACTICAL CONCLUSIONS RESPECTING THE CAMP.

I. That by far the greater part of the disease and mortality existing in the camp, when the Commission arrived in the Crimea, was due to zymotic maladies, such as cholera, fever, diarrhœa, and dysentery.

That besides the effects of topographical and climatic peculiarities connected with the occupation, and making allowance for the predisposing influence of other conditions, to which the troops had been exposed, the prevalence of zymotic maladies was obviously connected with local favoring causes, essentially the same in kind as those observed in civil life, especially in rural districts, namely:

Damp.

Impure Air.

(Although in a minor degree) Impure Water.

II. Attacks of zymotic disease were observed to be connected with the three following sources of dampness:

A wet subsoil; a retentive surface soil; confined locality.

1. Of these three conditions, *a wet subsoil* occasioned the largest proportional amount of sickness.

The experience of the 79th Regiment, and that of the 31st and Royal Artillery, who were successively camped on the same ground, below Marine Heights, proves that one of the worst sites for a camp is that in which a thin bed of porous material rests upon an impervious bed beneath, which retains the water, and keeps the subsoil charged with it, while the surface may afford little or no indication of the fact.

Dangerous sites of this kind were often marked by a greener or more vigorous vegetation than that of the surrounding district, or by water-springs coming to the surface, or by evening fogs settling over them sooner than over the adjacent country.

Before selecting positions for camps in unknown ground, it would be very advisable to dig trial holes a few feet deep, to ascertain what is the condition of the subsoil drainage, and not to risk the health of the men in camping on ground in which these trial holes show the presence of water near the surface.

Should it be necessary, for military reasons, to hold a position on a wet subsoil, the whole should, if practicable, be thoroughly drained by deep trenches, and if there be a hillside or water-shed above the ground, the surface water from it should be turned aside from the site by deep, catch-water drains, as was done with the camp of the Highland Division at Kamara.

If the position be such that deep trenching and draining cannot be carried out, it is in the highest degree probable that if held for any length of time, it will be at a considerable sacrifice of the force.

2. *The retentive character of clay surface soils*, and the difficulty of draining such soils, render it advisable to avoid them as camping-grounds, when it is possible to do so.

Wet clay soils keep the air near the ground damp and cold, and they affect the atmosphere of tents and huts in a similar manner. There was sufficient proof of their injurious effects on the health of troops in the Crimea.

Where such soils must be occupied, for military reasons, the defects in the natural drainage should be remedied, as far as practicable, by trenching the ground, and by trenching the site of every hut and tent separately, connecting the hut and tent drains with the larger trenches. In this way, not only are the sites and the vicinity of the huts and tents kept comparatively dry, but the surface water is more readily removed, the exhalations from the damp soil diminished, and the air purified. The experience of the army in the Crimea showed the very beneficial effects of this surface drainage and trenching on the health of the troops.

3. *Dampness of the air, arising from the nature of the locality*, proceeds from the topographical peculiarities of the ground preventing a free circulation of the air, and the atmosphere becoming stagnant, and charged with moisture and emanations from the ground. The valley of Karani above Kadikoi afforded an illustration of this, in certain states of the weather.

It was observed in other parts of the seat of the war in the East, that damp white mists, settling in valleys or hollows occupied by troops, had been the precursors of epidemic diseases, especially of cholera. All valleys are at times exposed to similar occurrences, especially such as contain stagnant lakes. An unhealthy and stagnant state of the air is sometimes increased by brushwood or trees.

There is often no escape from epidemic sickness occurring among troops from the occupation of such positions; they should, therefore, be avoided or abandoned.

III. The evils resulting from these local causes of dampness were not unfrequently aggravated by the manner of pitching tents and erecting huts. Want of due preparation of the ground and defective drainage of the site, often led to a damp state of the air within huts and tents, and induced a tendency to fevers.

Deep trenching round the tent-site, as already mentioned, is the best remedy, and in the case of huts, the site should be isolated from the surrounding ground, and the area to be occupied by the hut, drained by a trench dug round it at least a foot below the level of the floor.

If it be not practicable to drain the subsoil, and if the position must be held, adequate provision should be made with any materials at hand for raising the beds of the men above the ground.

Huts should never be banked up with earth against the wood. The experience in the Crimea has shown that it is a dangerous practice, for it used to be a common cause of fevers. An interior lining, even of old newspaper, affords a much better, and at the same time a perfectly safe protection from draughts.

The flooring of huts should be occasionally raised, the surface of the ground below cleansed, and quicklime and charcoal strewed over it.

For hospital huts, an interior lining of boards, or building a rough rubble stone wall outside, as was done in many of the regimental hospitals, affords the requisite protection from weather, and from sun heat.

IV. The camp before Sebastopol was, generally, remarkably clean when first visited; but there were in certain situations sources of atmospheric impurity from putrescent organic effluvia, likely to influence injuriously the health of the troops. The chief of these were:

Picketting-grounds, and manure heaps.

One or two slaughtering-places, and latterly the large cattle depôt and slaughtering-place at Kadikoi.

The graveyards and putrid marsh near Balaklava.

Latrines kept too long open, and exposing too large a surface.

When an army can shift its ground at will, danger to health from similar evils can always be avoided by doing so.

When, on the other hand, an army is tied to its position for a length of time, the camp becomes a town, and is subject to all the sanitary defects of towns, as these existed before the introduction of the first great step that was taken for improving the public health, namely, the introduction of paving.

Picketting of horses saturates the ground they occupy with organic matter. In like manner, accumulations of manure, if allowed to remain, saturate the ground they cover. Filth of any kind is washed into the ground by the rains, or trodden into it by the steps of men and ani-

mals, and must necessarily give off impure emanations under the joint action of sun heat and moisture.

To avoid the injurious consequences likely to arise from these circumstances, it is indispensably necessary to observe the most scrupulous cleanliness over the whole surface and vicinity of a camp. All refuse should be at once swept up, and removed to a distance. None should ever be allowed to accumulate within, or in the immediate vicinity of a camp.

Bones and refuse of food can be most easily disposed of by burial.

Stable litter and all inflammable refuse should be carefully burned. The usual method of forming heaps of litter and firing it, is imperfect. Before being fired, it should always be opened up, to admit the air to dry it, and to expedite the combustion. Manure heaps burn with difficulty, if left on the ground for any length of time before they are fired.

Carcases of animals and offal should be buried to a sufficient depth below the surface. Three feet is enough under ordinary circumstances. Refuse charcoal dust thrown over tainted ground will assist in deodorizing it, or, if that be not obtainable, the burning of stable litter on the spot will furnish sufficient charcoal for the purpose.

Latrines should be made narrow and deep; a quantity of earth should be thrown into them each day, until they are filled within two feet of the surface, after which the latrine should be filled up, and another dug.

When an army requires to occupy the same surface of ground for years, it would be unsafe to bury the refuse in the ground, because eventually the soil would become saturated with organic matter, and dangerous to health.

In such a case, the construction of furnaces to consume every organic product of the camp, is by far the best and safest proceeding. Speedy collection, removal, and destruction by fire of all such refuse matters obviates any risk of danger from them.

V. *Atmospheric impurities arising from overcrowding and defective ventilation of tents and huts*, were a frequent predisposing cause of zymotic disease.

Were it practicable in warfare to diminish materially the number of men sleeping in tents, it would be advisable to do so.

But considering the limited transport at the command of an army in the field, the injurious consequences of overcrowding may, to a considerable extent, be obviated by a free ventilation of huts, and by improving the construction of tents and marquees, by introducing effectual means of ventilation round the top of the poles.

In the case of huts, ridge ventilation is the most efficient.

Lime-washing huts inside, especially hospital huts, purifies the air; lime-washing of huts outside protects them, to a certain extent, from the intense sun's rays, and keeps them cooler within.

The usual practice of striking tents and shifting ground is an excellent means of avoiding the effects of saturation of the earth by emanations proceeding from the breath and bodies of the men.

VI. The condition in which the water was drawn for use in the camp was likely, especially during the prevalence of cholera, to aggravate the severity of the disease, although not to a great degree.

It is always desirable that water for drinking and cooking purposes should be as nearly as possible destitute of color, taste, or smell. Anything that interferes with these three natural tests is more or less injurious to health; but marsh water, however apparently pure, is not wholesome.

All engineering works for supplying camps with water should comprehend—

The selection of the purest obtainable source.

The delivering the water for use as pure as it is at its source.

If it be necessary to pound the water, the tanks should be covered.

Water should, if practicable at all, never be drawn by dipping, if it be rendered muddy in the act of being so drawn.

If a source of water of sufficient purity be not obtainable, the water should be filtered. A filter may be made with sorted gravel, clean sand, and charcoal.

Every trough for supplying horses should have a separate inlet and overflow.

GENERAL CONCLUSIONS FROM THE WHOLE EXPERIENCE.

I. That as scurvy, and the forms of disease connected with it, almost disappeared from the army under the influence of improved diet, clothing, etc., so, in like manner, zymotic diseases, the destructive effects of which mainly depend on breathing a humid, tainted atmosphere, declined on the carrying out of suitable sanitary works and measures.

II. That men just arrived in a new country are especially liable to suffer from prevailing zymotic maladies. That any given number of reinforcements will not compensate to the service for the loss of the same number of the original force from these diseases, and hence the necessity for effective sanitary precautions is doubly imperative, whether as regards the abatement of local favoring conditions, or the discovery and immediate treatment of the premonitory stages.

III. As the result of their whole experience, the Commissioners beg to express their opinion, that, inasmuch as the neglect of military hygiene, whether as regards the soldier personally, or the sanitary condition of camps, barracks, and hospitals, has hitherto, in all countries, climates, and seasons, been the cause of the largest amount of loss in armies, the whole subject, closely connected as it is with the physical efficiency of Her Majesty's forces, demands in future a practical development commensurate with its importance to the public service.

REPORT OF A CASE OF DIPHTHERIA

TERMINATING IN MEMBRANOUS CROUP.—OPERATION OF TRACHEOTOMY BY DR. L. A. SAYRE.—RECOVERY.

BY C. JOHNS, M.D.,

OF NEW YORK.

ANN O'GRADY, aged three years, attacked on the 18th July, 1860, with sore throat, slight enlargement of tonsil and lymphatic glands. I was called on the 20th, and found her with pulse 130, tongue thickly coated with white crust, edge very red; right tonsil much swollen, and covered like the tongue; fauces and uvula highly inflamed; considerable swelling under right ear; high state of febrile excitement; great thirst; deglutition difficult; flow of saliva very profuse. From the above symptoms, I did not hesitate to pronounce it a case of "Diphtheria." Previous to my being called, Dr. Knight, who was boarding in the house (Stevens House), had been consulted, and had prescribed an aperient, which had acted kindly. I prescribed a strong decoction of vegetable astringents, sweetened with honey, to be used as a gargle; spts. mindereri and tinct. opii for external use, together with light diet.

21st.—No material change in symptoms; pulse nearly the same; saliva continues to flow freely; ordered mild solution of chlorate potassa for gargle, and Dover powders for anodyne and febrifuge.

22d.—Has been rather restless; pulse 140 per minute; discharge from mouth same, with well marked diphtheritic *odor;* upon the whole, the symptoms more aggravated, though I do not think them really alarming. In the evening found her more comfortable; ordered to increase the anodyne; has not taken nourishment well to-day—struggles when anything but cold water is offered her.

23d.—First visit, symptoms no worse, but she is weaker; bowels moved during the night; pulse 120; saliva continues to flow as freely as ever; external swelling very much less; masses of the diphtherite crust have separated from the tonsils, tongue, and fauces; mucous membrane very red and exceedingly sensitive; aversion to medicine and nourishment.

24th.—First visit ten o'clock; recognise that well known and unwelcome sound, peculiar to membranous croup, not of brassy shrillness, but quite plain enough to cause alarm as to the chances of recovery. Prescribed equal parts tincture and syrup of ipecac, of which teaspoonful doses were given every five to eight minutes; have the feet in warm water; bruised onions, and fine-cut tobacco, and goose grease to the throat and chest; continued the emetic in occasional doses for an hour or more, but no emesis took place; pulse 160 per minute. As suffocation seemed impending, tracheotomy suggested itself as a final resort; but neither of the surgeons sent for could be found. The child now began to breathe easier, but did not vomit; gave sulp. zinc in five grain doses, at intervals of fifteen minutes, till three doses were given; still no vomiting.

Four o'clock P.M. She vomited soon after I left, voiding a large quantity of viscid mucus, which has relieved her very much; attempted to use the probang, but she struggled so that I could not succeed with any satisfaction. I now gave turpeth mineral, one-half grain doses every two hours. Leave for an hour; return at seven; found her breathing quite comfortably, and discharging quantities of thick viscid mucus, which led me to believe that the turpeth mineral was acting as a solvent to the false membrane; continue it; patient swallows a little light nourishment; bowels move slightly.

Ten o'clock P.M. Found her breathing more laborious. Dr. Hays (who was stopping at the house) came in, and in consultation with him and Dr. Knight, an operation was advised. Dr. Sayre was accordingly called in consultation, and after a thorough examination of the case, he decided "that her best chance of recovery is in an operation." Finally, after three quarters of an hour had been spent in coming to a *final conclusion*, and obtaining the mother's consent, Dr. Sayre performed the operation. (No anæsthetic was given.) Breathing was at once relieved. Instead of inserting a tube, the doctor made the opening of an elliptical form.

The operation was performed about three o'clock A.M. of the 25th. I saw her several times during the day, and each time found her doing very well. Had great difficulty in getting her to take either food or medicine. She slept several times during the day; countenance very much improved; wound had to be cleared of mucus and small patches of membrane every few minutes. Dr. Sayre saw her in the evening, and inserted the tube, immediately upon which was ejected through its orifice a perfectly tubular piece of false membrane, an inch in length. Breathing went on very well through the night, but great care had to be constantly taken to keep the passage clear.

26th.—Made an early visit; found her breathing very laborious, and was obliged to use extra means to clear the opening, which being accomplished, gave great relief. She had taken no food, but drank a little water with brandy in it.

Met Dr. Sayre at half-past ten A.M.; gave the tube another clearing out, and left her quite easy. Saw her at four P.M.; no material change; still refused drink, food, and medicine; had slept considerable. Met Dr. Sayre in the evening, and he removed the tube, and directed the doors and windows to be kept closed for the night.

27th.—Saw her again at six A.M.; found she was better *without* the tube than with it, as it was continually being filled with patches of membrane which were detached at every paroxysm of coughing. I was obliged to make a small probang, with which the orifice had to be cleared very frequently. A constant watch has to be kept, or she would suffocate with the mucus which escapes. At eleven o'clock A.M. met Dr. Sayre. He carried the probang down to the bifurcation of the bronchial tubes, and upon withdrawing it, a large quantity of viscid mucous patches of membrane came away, which very much relieved her. Upon my evening visit, I found her nearly moribund; extremities cold, and covered with a cold, clammy sweat; pulse nearly extinct at the wrist; very restless; breathing short and *tediously* laborious; eyes and countenance have every appearance of dissolution. Dr. Andrews had been called in the emergency, but thought nothing could be done to save her, and had left before I arrived. My first impression was that all was over with her, and I was about to sit down, as the mother requested, and let her depart without further torture. But my second thought was, to dissolve some nit. argenti, and saturate the probang, and thrust it down to the bronchi. It dislodged a quantity of loose patches of membrane, which came away with the swab, and much more immediately followed by a paroxysm of coughing. The effect was like magic. She breathed more freely. In five minutes I repeated the operation, with like results. In ten minutes more the pulse at the wrist became distinct, and in a few minutes that death-like pallor of the face began to yield to a tinge of color. The swab was again used, and warm articles were applied to the limbs, and warmth soon began to return. She was now put in bed. Not a particle of stimulus or nourishment could be forced down her, but she would take clear water when allowed. After resting awhile, four ounces of beef tea, with a little brandy, and two grains quinine, were thrown up the rectum, and *retained*. We watched her closely till morning. She breathed quite easily, and slept tolerably during the night.

28th.—Met Dr. Sayre at eleven A.M., who brought a double tube, which he made great effort to introduce, but failed; it was too large. Directed pails of hot water to be kept in the room, doors and windows to be kept closed, and hot bricks to be immersed in the water frequently; also to keep the temperature at a standard of 80°. Evening visit, found everything going on well; nothing but water could be forced down her; continued the beef tea, brandy, and quinine every four hours.

29th.—Early visit; find she has rested well—has only been disturbed to clear the orifice; membrane is being thrown off in patches, which, at times, nearly obstruct the passage. We are really obliged to remove some of it with small forceps. Steam to be continued; broth, brandy, and quinine to be given as usual. Evening visit; no change, except an increased softening of membrane. Same treatment through the night.

30th.—Morning visit; find all going on favorably; no change in treatment. Evening; continues favorable; have abandoned the tube; use the probang frequently, carrying it both *up* and down.

31st.—Still doing well; begins to take brandy-punch by the mouth; most profuse discharge from the orifice; obliged to clear it every few minutes. Continue steam, injections, &c.; membrane evidently dissolving. It had, no doubt, passed quite into the bronchial tubes.

Aug. 1st.—Favorable as ever; continue treatment as usual; takes brandy-punch as freely as can be wished. Has not uttered so much as a *whisper* since the operation, but evidently passes some air through the mouth. 2d.—Had rather a restless night. Her mother thinks part of what she attempts to swallow passes out of the orifice. Has taken some nourishment by the mouth. Dr. Sayre has not seen her in two days.

3d.—Found her on the bed, playing; called for a bottle of champagne this morning, and would have some to drink; looks much better; her mother says she breathed through mouth and nose in the night; wound begins to granulate, but profuse discharge continues. Takes nourishment freely; do not continue steam quite so high. 5th.—Has taken quite a breakfast at the table with parents; is decidedly better; discontinued steam. 6th.—Wound healing rapidly; bowels have moved kindly; speaks *distinctly* in a whisper. 7th and 8th.—Everything goes on well; nearly all the discharge is through the mouth and nose. 9th—Has been out; is now taking dinner. 11th.—Continues to gain rapidly; wound nearly closed. 12th.—Rode out today; looks very well. 15th.—Rested well last night; throat much better; wound entirely healed. 29th.—Has had an attack of diarrhœa, which yielded readily to the remedies. Is gaining flesh, and now goes to the country.

REMARKS ON THE USE OF TOBACCO.

By D. J. LYSTER, M.D.
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It is truly surprising that a single individual can be found, who, after experiencing the distressing sensations almost invariably produced by the first *use of tobacco*, would be willing to risk their recurrence a second time; still more so, that any one should again and again resort to the "noxious weed" until, its immediate effects being lessened by habit, it becomes an article of luxury, from the use of which it is found difficult to refrain. The extreme nausea—pain of the head, and vertigo—the cold death-like sweat, and general exhaustion, experienced by the novice in chewing, snuffing, and smoking, we should imagine would be fully sufficient to prevent the use of tobacco from becoming a habit. Yet such is "the folly and infatuation of the human mind," and the power of custom and example, in opposition to prudence and the dictates of nature, that one of the most disgusting productions of the vegetable kingdom, "in all places where it has come," to use the quaint expression of Sir Hans Sloane, "has much bewitched the inhabitants, from the polite European to the barbarous Hottentot."

Did this modern herb possess a tithe of the virtues ascribed to it by Dr. Thorus, in his Patologia; did, in fact, the least benefit result to the system from its habitual use there would then be some reason why, with all its loathsomeness of smell and taste, it should have become so general a favorite. But we know, on the contrary, that all who habituate themselves to its use, sooner or later experience its noxious powers. Tobacco is, in fact, an absolute poison. A very moderate quantity introduced into the system—even applying the moistened leaves over the stomach—has been known very suddenly to extinguish life. The Indians of our country were well aware of its poisonous effects, and were accustomed, it is said, on certain occasions, to dip the points of their arrows in an oil obtained from the leaves, which being inserted into the flesh, occasioned sickness and fainting, or even convulsions and death.

It must be evident to every one, that the constant use of an article possessing such deleterious properties, cannot fail at length to influence the health of the person. In whatever form it may be employed, a portion of the active principles of the tobacco mixed with the saliva, invariably finds its way into the stomach, and disturbs or impairs the functions of that organ. Hence, most, if not all, of those who are accustomed to the use of tobacco, labor under dyspeptic symptoms. They experience, at intervals, a want of appetite, nausea, inordinate thirst, vertigo, pains and distension of the stomach, disagreeable sensations of the head, tremors of the limbs, disturbed sleep, and are more or less emaciated.

According to Boerhaave, "When this celebrated plant was first brought into use in Europe, it was cried up for a certain antidote for hunger, but it was soon observed that the number of hypochondriacal and consumptive people were greatly increased by its use." Dr. Cullen informs us that he has observed several instances, in which the excessive use of tobacco in the form of snuff, has produced effects similar to those occurring in persons from the long continued use of wine and opium, that is, "loss of memory, fatuity, and other symptoms of a weakened or senile state of the nervous system induced before the usual period." The almost constant thirst occasioned by smoking and chewing has, in numerous instances, it is to be feared, led to the intemperate use of ardent spirits. This thirst cannot be allayed by water; for no insipid liquor will be relished after the mouth and throat have been exposed to the stimulus of the smoke or juice of the tobacco; a desire, of course, is excited for strong drinks, which soon leads to intemperance and drunkenness. The use of snuff destroys entirely the sense of smell, and injures materially the tone of the voice; while chewing and smoking vitiate the sense of taste. Hence, those who make use of tobacco, to any extent, have certainly one, and frequently two of the external senses less perfect than other individuals. But this is not all: Polypus of the nose, and *other* serious affections, have been traced to the use of snuff.

Sir John Pringle, who, we are informed, was very liberal in its use, experienced in the evening of his days a tremor of his hands, and a defect of memory. Being in company with Dr. Franklin, at Paris, he was requested by the Doctor to observe that the former complaint was very common to those people of fashion who were great snuffers. Sir John was led, by this remark, to suspect that his tremors were occasioned by his excessive use of snuff. He, therefore, immediately left it off, and soon afterwards the tremor of his hands disappeared, and at the same time he recovered the perfect exercise of his retentive faculties.

Cases could be mentioned in which epilepsy, consumption, and other serious diseases have been brought on in young people by the excessive use of tobacco. I have known myself individuals in whom very severe and dangerous affections of the stomach, tremors of the limbs, and great emaciation were referrible to excessive smoking and chewing, and which were removed only after these habits were entirely relinquished.

One or two of these cases, I am sorry to say, occurred in females, from the filthy practice of chewing snuff; and in a class of society where it was to be hoped a refinement of taste and exalted notions of female delicacy, would for ever have precluded the introduction of so detestable and pernicious a habit.

Reports of Hospitals.

ST. LUKE'S HOSPITAL.

[Reported by Robert Watts, Jr., M.D., Resident Physician.]

EXTENSIVE FRACTURE OF THE RIBS—DISLOCATION OF THE HEADS OF TWO RIBS.

A—— B——, a stout, strongly built Scotchman, 59 years age, a master-mason in the Central Park, was brought to the hospital on the 27th of April, 1861. While at work in the morning, engaged in building a stone bridge, the derrick by which the stones were being hoisted fell over upon him. One end of the derrick caught upon the bridge, so that its weight did not rest upon the man's body, but he was severely crushed. He complained of severe pain in the back of his neck and between the shoulders, and was unable to turn his head with any freedom on account of the suffering it produced. He was able to speak and to swallow without any difficulty. The breathing was a little hurried and oppressed, and any attempt at a full inspiration produced great pain in the right side. He had coughed up a little florid blood. On auscultating the chest, the breathing on the left side was found to be natural, while on the right side very little air entered the lung. No abnormal heart sounds were detected. There was complete paralysis of sensation below the waist, and also of motion in the lower extremities. The patient complained of a tingling sensation in the little and ring fingers of each hand, and any motion of the arms caused pain between the shoulders. The pulse was 76, regular and of good strength; the mind was clear the surface of the body was warm, and there were no symptoms whatever of prostation.

On examining the patient carefully, it was found that the 5th, 8th, 9th, and 10th ribs on the right side, were broken at their arches, and that the lower costal cartilages on the same side were loosened from the sternum. No injury of the spine could be detected on the most careful examination, and the patient bore firm pressure over its entire length without complaining of any pain. A broad bandage

was secured tightly around the thorax, and small doses of the liquor ferri persulphatis were given with a view to check the hemorrhage from the lung, which was very slight, and soon ceased.

A flaxseed poultice was put on the back of the neck where the pain was complained of. The patient remained comfortable during the day, and towards evening some little sensation returned in the legs, so that he could appreciate the touch of a person's hand laid upon them. The bladder was emptied with a catheter, as he was unable to pass his water, and about eight ounces of dark colored urine were drawn off.

At 11 o'clock P.M., he was feeling quite comfortable, and complained only of a little oppression in the chest. The respiration was a little hurried. The pulse was 88, and there was no fever. The mind was quite clear. At 1 o'clock P.M., he asked for a drink of water, after taking which he apparently went to sleep. The attendant remained at a short distance from the bed. The patient remained perfectly quiet, and the nurse on going up to him half an later, found him lying in exactly the same position as when he had left him, but he was dead.

The autopsy was made twelve hours after death.

The sternum was broken transversely, the manubrium being separated from the body, but without any displacement. The lower costal cartilages on the right side were loosened from their attachment to the sternum. All the ribs from the 1st to the 10th inclusive, on both sides, were found to be broken short off from the vertebræ, but were held in place by the surrounding soft structures, so that it was only by dissecting up these and then moving the ribs, that the fracture could be detected. The fracture was through the necks of the ribs. The 5th, 8th, 9th, and 10th ribs were also broken at their arches, and the sharp ends of the fragments projected through the pleura.

The heads of the 8th and 9th ribs on the right side were moreover dislocated and pushed forward into the side of the vertebral column, in which situation they presented two prominent projections. No injury of the spinal column itself could be detected. Both lungs were tightly bound down by old adhesions, and both contained tubercles at their apices and scattered through their substance. The right lung was wounded in two places, and was very much engorged with blood, and entirely useless as a respiratory organ. There was a small amount of blood in the right pleural cavity. The heart and kidneys were healthy, and there was no injury of any internal organ except the right lung.

The brain and spinal cord could not be examined.

Illinois Natural History Society.—At the last session of the Illinois Legislature and act was passed incorporating this Society. The objects are stated to be, to conduct and complete a scientific survey of the State of Illinois, in all the departments of natural history, and to establish a museum of natural history at the State Normal University, comprising every species of plants, insects, quadrupeds, birds, fishes, shells, minerals, and fossils, within the State limits; comprising also such other collections of natural history from various parts of the world, as may be deemed necessary. It is also to provide a library of scientific works.

Number of Medical Officers required.—A European force of 12,000 men, artillery, cavalry, and infantry, ought to have present on their first field of battle, one Inspector-General of Hospitals, one deputy (or two if the service is likely to continue), six staff surgeons, a surgeon and three assistants to each regiment, or some six or more staff assistant surgeons unattached, to be employed as circumstances may require.—*Guthrie.*

Major-General McClelland.—This distinguished officer is a son of the late Dr. Geo. McClelland, of Philadelphia.

American Medical Times.

SATURDAY, JULY 27, 1861.

RANK OF CIVIL AND MILITARY SURGEONS.

Civil and military medicine are separated by no arbitrary distinction. Proper qualifications for the practice of the former, are not to be taken as evidence of fitness to enter, without further preparation, upon the duties of the latter. Nor is it true that a surgeon even of long experience and great reputation in civil practice, is rendered thereby competent to discharge readily and intelligently the duties of the military surgeon. It scarcely more logically follows that a blacksmith is necessarily a good watchmaker, because an ingenious mechanic, than that a country or city practitioner must be a qualified army surgeon because he has a medical diploma. He may have been a good family medical attendant in the town where he resided, and perhaps has given some attention to domestic hygiene, but he knows nothing of the habits of soldiers; of their diet; of the sites, choice, and ventilation of tents. In other words, he has learned little or nothing useful or definite in regard to camp or hospital hygiene. He may have enjoyed an unenviable reputation as a surgeon, and yet never have met an accident peculiar to the field of action. And if we add to these more obvious duties of the army medical officer, the "thousand and one" details of business in his department which tend to render his services useful and beneficial in the peculiar emergencies of the soldier's life, both in camp and in the field of action, we need not hesitate to say that the civil practitioner must have both knowledge and experience before he can fill his position efficiently as an army surgeon.

Military surgery, therefore, is civil surgery with something added; that is, the person who aspires to the rank of the former, must have superadded to the knowledge required for the latter position, an education in principles, and their application to practice, of which his former routine gave him scarcely a conception. Such would be our conclusions from the inherent nature of the duties which devolve upon the civil and military medical practitioner. But let us recur to the practice of those governments where military surgery takes its proper rank, for from them must we learn whatever lessons of experience military science teaches.

In England, the candidate for an appointment in the Medical Department of the Army must have a diploma from the Royal College of Surgeons of London, Dublin, or Edinburgh, or of the Faculty of Physicians and Surgeons of Glasgow, or of Trinity College, Dublin. He is then examined by the Director-General, and two senior officers, and if found qualified, he is selected for temporary service in the General Hospital at Chatham. Here he is instructed in various branches relating to the army service, and upon his proficiency in these latter studies depends his appointment to actual service.

In France still more importance is attached to the education of the Army Surgeon. He must first possess the Doctorate of Medicine, and then undergo an examination by concours, for admission to the Imperial Military School

at Val de Grace. Here he remains one year attending upon hospital practice, and the following courses of lectures:—1. Clinical Medicine; 2. Clinical Surgery; 3. Hygiene and Military Medical Jurisprudence; 4. Diseases and Epidemics of Armies; 5. Anatomy of Regions; 6. Operative Surgery and Bandaging; 7. Chemistry applied to the Hygienic Art. The programme of lectures at this school shows that the subjects are of the most important character, and that they are taught practically. The student does not merely hear oral lectures, but has to apply the precepts to practice, under the supervision of experienced teachers. At the end of the course of instruction the student has to submit to a thorough examination in the branches which he has pursued, and if found unqualified, he is not allowed to enter the service. In other European countries the army surgeon is selected with even more care, and his preparation for active duty is more complete. But the point to which we wish now to call attention is this: The candidate for position in the medical department of the army must have first passed the civil school, and have received its testimonial of fitness for civil practice, before he is allowed to enter the military school. The military medical education is therefore superadded to the civil medical education, and necessarily therefore, the army surgeon, fully qualified by education for his position, must take a higher professional rank in the medical service of the army than the civil practitioner who enters that service without any previous preparations. We do not mean to say that the military surgeon should take, by virtue of his education, a higher rank in a simply professional sense, but that when the civil practitioner enters directly upon service in the medical staff of the army, he should take rank subordinate to the qualified military surgeon.

This question is now taking a practical shape in our volunteer army, and we have thrown out the above hints as aids to its solution. We have intimations from various quarters that where the surgeon of the regular army service is brought in contact with the surgeon of the volunteer forces, the latter has regarded himself as superior by education, and better qualified by civil practice for the duties of the camp, the field, and the hospital, than the former. Waiving individual examples, where the civil practitioner is more competent than the military surgeon for the discharge of the duties of the latter, the rule would neither be just nor safe which made the latter subordinate to the former; for the civil practitioner enters the province of the military surgeon, and, however distinguished his former sphere, is unlearned, and will at first prove unskilful in this new service. We hold it therefore to be the duty of the surgeons of the volunteer regiments to yield to the surgeons of the regular army that deference to which they are entitled both by education and long experience.

CLINICAL INSTRUCTION.

Of all the various branches of medical study the one which will be found of most service to the medical practitioner, in the daily walks of his professional life, is a systematic and thorough course of clinical instruction during his early pupilage—the cultivation of a faculty of applying principles to practice. The theory of medicine must of necessity form the basis of such a system of training, but it is only the basis. Disease may be never so well described in the text-book, every single feature of the case may be given with a marvellous precision, but what does it all avail to him who has never seen the disease itself, and who has not been able to profit by the eloquently impressive language of the face, the characteristic temperature of the skin, and the significant throbbings of the pulse?

The medical teachers of the present day are gradually commencing to pay that amount of attention to the subject which its intrinsic value demands, and we consequently find that there are daily increasing facilities for studying disease in the only legitimate way, viz. by attendance upon hospitals, college cliniques, and dispensaries. As a consequence the necessity for Americans to visit England and the continent, for purposes of general study, is fast becoming less and less urgent. Except perhaps to the prospective specialist, we cannot see but that our present modes of instruction in this department of medicine, especially in the large cities, are fully sufficient to meet the wants of all.

The kind of clinical teaching which, in our view, is beyond all comparison the best, is that which takes the student to the bedside in the hospital ward. It is here, and here alone, that he is enabled to mark the progress of disease from day to day, and compare his notes with what is taught him in his text-book. The college clinique and dispensary, on the other hand, are wanting in this particular advantage, inasmuch as, by the necessarily transient character of the patients, the results of treatment are very imperfectly known, and the only substantial value which they possess to the student is the opportunity to cultivate the faculty of diagnosis.

Within the past two or three years a new feature of clinical instruction has shown itself in and about New York, which commends itself to every one who wishes to study theory and practice together. We refer to the combination of a medical school with a hospital. We have no doubt but that the good example set by the Long Island College Hospital and the Bellevue Medical College will soon be followed by the other institutions throughout the land, when the benefits of the system shall have convinced the medical public of its great practical utility.

We are somewhat surprised, in view of the acknowledged practicability of clinical instruction, that it is not more insisted upon as a requisite for graduation in medicine. In this respect we certainly have to learn a very important lesson from our professional brothers on the other side of the Atlantic. This is a subject concerning which there has been, from time to time, a great deal of discussion in our learned bodies; but, notwithstanding the acknowledged merits of the question, until lately no decisive steps have been taken in the proper direction. It is, perhaps, needless here to state that the credit of initiating the only practicable plan is due to the two institutions before named. It is too often, with shame be it said, that the medical student, having passed the requisite examination by the Faculty of a Medical College, is allowed to go forth to practise, with all the privileges of a properly educated physician, without having had any other opportunity of studying actual disease than that offered by a meagre college clinique. In times gone by, when no other facilities for practical instruction were offered, and when the means of the student would not allow him the privilege of instruction abroad, we were compelled to be satisfied with such poor qualifications; but now we maintain that such ignorance is unpardonable, and is a crying reproach to those

upon whose authority this conceited class of individuals are let loose upon the world only to lower the true dignity of legitimate medicine by a system of empiricism. The community have a right to ask protection from such individuals.

This brings us to the consideration of another point in connexion with the general subject, and that has reference to the necessity of every graduate of medicine, who finds it possible so to do, becoming an interne in some hospital. Here he learns in a measure to exercise his self-reliance, and is, as it were, in active practice, with, however, the great advantage of having a competent adviser, who is always ready to aid him with his counsel in an emergency. As to the amount of good which will result from this, so to speak, extra training, it is absolutely incalculable when he is engaged in active practice; he starts in the race with an advantage over the new graduate which can only be equalled by long years of experience; his thoughts are directed in the proper channel, and his advancement is as easy as it is rapid.

While we rejoice over the increasing appreciation with which clinical instruction is being received, we cannot refrain from expressing our regret that the time-honored custom of allowing the student to make an occasional visit with his preceptor, is so generally falling into disuse in our large cities. We dare not ask how many students, well educated in other respects, have been denied this privilege, throughout the whole of their college career, by our fashionable metropolitan preceptors. We are aware that the utility of this measure is questioned, not only by the great advantages offered by the hospitals and cliniques, but the impracticability of following up the practice in a large city. These objections certainly hold good to a certain extent, but we claim that the student has a right to ask now and then for an opportunity of seeing a private patient with his preceptor, to be enabled thus to cultivate an easy manner in the sick room, and afterwards to talk over the case in a familiar manner, to ask practical questions, which perhaps he would hardly think of sufficient importance to bother the professor with. A student may have had every clinical advantage except this, and when the time comes to visit his first private patient, he appears at a great disadvantage, not unfrequently owing to the want of an easy deportment—an item of no small importance in an obstetric practice. All this could have been remedied by an opportunity of knowing about the "little nothings" which can be best learned as we have suggested.

One word in reference to cliniques and dispensaries in a charitable point of view. It needs no argument to prove that too many avail themselves of the privilege of these charities, who, as far as pecuniary capabilities are concerned, are not entitled to them; and yet we see such persons constantly presenting themselves for advice, and obtaining it without the least difficulty. These charities are for the needy, and the needy alone; and it is in the power of those in authority to remedy a gross abuse to our professional generosity. We hope that it will be only requisite to call the special attention of those in charge of such patients to have a speedy remedy.

In treating thus cursorily of the subject of clinical teaching, it has not been our purpose to lay down any special rules for the guidance of the student or practitioner. We hope to avail ourselves of an opportunity to do so in future. We have only to ask, in conclusion, that each one will think over the few hints that we have thrown out, and ask himself seriously—Do I improve every opportunity?

THE WEEK.

We learn from a physician resident at Havana, Cuba, now int his city, that a Royal Academy of Medical, Physical, and Natural Sciences has been organized in that city under the Government. Dr. N. Gutierrez is president, and Dr. R. Zambrana, secretary; both of whom are prominent physicians in the island. Among the fellows of the Academy, are the celebrated chemist, Reynoso; the well known naturalists, Poey and Gundlach; the engineer Fernandez de Castro, author of valuable works on Electricity, Railroads, etc. The venerable philosopher, J. De la Luz Caballero, whose life has been devoted to the propagation of sciences in Cuba; and J. A. Saco, first professor of physic there, and a learned publicist, are honorary members of the Academy. This Society, according to its regulations, will confer titles only upon scientific men, and will likewise institute several annual prizes, to be competed for by men of all nations, their subjects being unsettled questions of science. A Journal will publish the memoirs presented to the Academy and report its meetings.

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Liverpool (England) affords one of the most striking examples of the benefits of a sanitary police, on record. In 1847, when the Public Health Act first went into operation, this city was one of the most unhealthy in England, the rate of mortality being 1 in 30 of its inhabitants. Since that date, the town has been under a thorough sanitary surveillance; it has expended upwards of $10,000,000 in improvements directed by its health authorities, and the most beneficial results now begin to appear. Dr. Duncan, the medical officer of health, has just issued his annual report, from which it appears that the rate of deaths was 1 in 41, representing for last year, alone, a saving of not less than 3,800 lives; or about *five lives* in every 1000 living were saved. If *typhus* had been as fatal in Liverpool last year as formerly, there would have been 900 deaths from this disease alone; but there were only 359. There were 8 deaths from small-pox during the year, and not more than 11 had been recorded since May, 1859. What a striking contrast does Liverpool now present to New York, which, for the *week* ending June 29, reported 30 deaths by small-pox. These two cities illustrate forcibly the importance of proper health regulations and qualified officers; the former, under its energetic Board of Health, is becoming one of the healthiest cities in England; the latter, destitute of a sanitary police, is rapidly sinking to the level of the unhealthiest cities on the globe.

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Statements have lately appeared in the daily papers designed to reflect severely upon the management of the Hospital at Fortress Monroe, in charge of Dr. Gilman Kimball, late of Lowell, Mass. We have learned from various sources that the relations of Dr. Kimball with other medical officers in this department were not pleasant, but with that we have nothing to do. We refer now to the charges of maltreatment of patients which have been made by newspaper correspondents, and finally by two nurses of that hospital, which are designed to place Dr. Kimball and his assistants in a very unfavorable light before the community. To our minds this statement bears the evidence of its injustice on its face. For the alleged cruelty

was without provocation; and it is unreasonable to suppose that physicians and assistants would thus combine against a helpless patient. Again, scenes frequently occur in hospital practice, and especially in the treatment of surgical diseases, which, to one unfamiliar with them, seem cruel and unnecessary. Occasionally the surgeon is obliged to resort even to anæsthetics to overcome a patient and enable him to perform necessary operations, or apply needful dressings. It is more probable that the nurses were incompetent, and unfit to have charge of surgical cases.

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In another column will be found the description of a "Brigade Case," designed by Dr. Hewit, of this city, late of the U. S. Army. It combines in very convenient form every variety of instrument which the emergencies of the field can require, and seems to us well adapted for the Brigade Surgeon.

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We have already published the Plan of Organization of the Sanitary Commission of the U. S. Government. This commission is now in full successful operation; and the good fruits of its labors are beginning to appear. From what we learn of the movements of the Commission, we are more impressed with the grandeur of its mission, and the energy and wisdom with which it pursues the noble objects detailed in its plans. In another column will be found an interesting report by the Resident Secretary of his Examination of several of the camps in the neighborhood of Washington. We hope to lay before the profession, from time to time, the reports of the Commission, which cannot but be of great interest to the profession.

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In a recent debate in the British Parliament, on the payment of £1,150 to the Sanitary Commissioners, Lord Palmerston made the following sensible remark:—

"Lord Palmerston was sure the Committee would feel that nothing was more important than the preservation of the health of the army. Putting it on the lowest grounds, there was nothing so uneconomical and so prodigal as carelessness on this point. But in reality it stood on higher ground, because if men were enlisted for the service of the country, the Government was bound to take due care of their lives. When a large number of persons were crowded together in barracks, or in camp, there was until lately much ignorance as to the principles on which the preservation of health depended. Dr. Sutherland was the first to examine into these principles. He had rendered invaluable service in the Crimea, as well as in the different hospitals and barracks of this country, and no money could be better laid out than in guarding the health of the soldier from the influences to which it was subjected."

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A Lady who has taken courses of lectures on Materia Medica and Chemistry at the School of Middlesex Hospital, London, has applied for admission to the other lectures. She offers to endow the school with £2000 to found a Female Medical Scholarship; but the students protest against her admission to lectures, and the medical sentiment seems to be against her. The *Lancet* thus discourses on the event:

"We all know how far enthusiasm may blind the eyes of those whom it influences; and this lady may be pardoned for being led to overlook the extreme inconvenience of her position, although so palpable to others. It is possible that, under the influence of a purely scientific and theoretic impulse, she might attend, with steeled and modest indifference, courses of lectures in which organs and functions are habitually demonstrated and discussed, such as cannot, in the opinion of the students and lecturers, or in our opinion, be prudently exposed in the presence of a mixed audience. It is only an evidence of this perfect abstraction and scientific earnestness that this lady is able calmly to go through the manipulations of sounding for stone in the male bladder; and it is probable that she might voluntarily pass through ordeals of a yet more trying nature with an equally successful impassibility. We repeat, that a universal feeling of respect prevails for the character, intentions, and demeanour of this lady. But even with these advantages, and while invested with the peculiar sanctity which guards her as an apostle and in some sense a martyr in behalf of her weaker sex, of whom she seeks to vindicate the rights, her presence gives rise to incidents necessarily painful to others; and the success of her attempt, if it popularized the movement, could not fail to be yet more compromising. When all that can be said in favor has been heard, there will remain the unalterable sense of impropriety in mingling young women with young men in classes destined to hear and see daily sights, descriptions, and explanations, which cannot be endured by men in the presence of women, without a violation of all the relations of sex which are essential to the well-being of our social system, as at present framed."

Progress of Medical Science.

ABSTRACTS FROM RECENT MEDICAL PERIODICALS.

By E. H. JANES, M.D.

"The Etiology of Cholera, gleaned from the Pages of its History, with Practical Remarks."

An article in the *Madras Quarterly Journal of Medical Science*, by George Bidde, M.D., Civil Surgeon, Guntoor, contains the following interesting conclusions. I. Cholera has its origin in a focus of the disease, and follows in its progress the stream of human intercourse. II. Cholera is most widely diffused, and most fatal in its attacks, in localities where the laws of hygiene have been violated. III. The origin of cholera does not depend on season, or any meteorological conditions. IV. When admitted from without into a circumscribed locality, such as a prison, hospital, poor-house, on ship, it then, and rarely at any other time, attacks the healthy there. V. The liability of individuals to be affected by cholera, is in proportion to the amount of their exposure to the focus of the disease. VI. Different races of men differ in their susceptibility of being affected by cholera.

Although cholera seems to be propagated from case to case, by some subtle influence emanating from a focus of the disease, he says this does not depend on the agency of touch, or on an atmosphere tainted by emanations from the bodies of the sick, or any of the ordinary means by which infectious diseases are perpetuated. He therefore claims that the poison exists in the rice water stools, and that it becomes active or is developed during the decomposition of the animal matter of which they consist. Some highly interesting experiments are related in elucidation of this subject. One important historical fact supporting this theory is, in an overwhelming number of instances, other things being equal, it was ascertained that those who visited privies containing choleraic discharges were seized with cholera, while those visiting other privies where no such deposits had been dropped, remained in a state of health. The practical observations deduced are:—1st, The stools of cholera patients should be received in some metal or stone ware vessel, removed at once from the neighborhood of human beings, deposited in a trench two feet deep dug in the ground, and covered with a layer of charcoal. 2nd, If a succession of cases occur in a hospital, a succession of trenches must be opened and filled up, no one trench being left open for a longer period than five hours. 3rd,

Such clothing, bedding, etc., as may have become soiled with the discharges, ought to be burned without delay. 4th, Cots being soiled should be thoroughly washed with water containing *calcis chlorinati liquor.* 5th, The same remark applies to the floor of a hospital. 6th, During the prevalence of cholera in a barrack, the tubs of the common privies ought to be emptied out and cleaned three times a day, and their contents each time deposited in a trench to be shut up at once. 7th, Charcoal used as a disinfectant should be destroyed by being buried in the earth.

Chylous Urine.

Among the many interesting cases published in the above-mentioned Journal, is one of chylous urine of three 'years' duration. The patient, at length coming under treatment for rheumatism, which was treated with the iodide of potassium, it was observed that after a few doses, the urine became copious, and natural in its general characters. The patient having quite recovered from his rheumatic attack, and the medicine being discontinued, the urine became again decidedly chylous. Having noticed the effect the iodide had on the urine, the patient submitted to a continuation of the same treatment for his long standing complaint, and was accordingly ordered five grain doses three times a day, given in two ounces of bitter infusion, the diet regulated by reducing the quantity of fatty and oily matters hitherto usually taken, and moderate exercise in the open air recommended. The treatment was continued twenty-seven days, by which time the chylous state of the urine quite disappeared.

Sanitary Commission.

REPORT OF THE RESIDENT SECRETARY,

OF A PRELIMINARY SURVEY OF THE CAMPS OF A PORTION OF THE VOLUNTEER FORCES NEAR WASHINGTON.

To the Sanitary Commission.

Gentlemen: Your Resident Secretary has inspected twenty of the volunteer camps during the last ten days. Of most of these his examination has been cursory, his object being to acquire some knowledge of the ordinary and average condition of the force, to enable him the better to direct subsequent inquiry, rather than to personally make an exact survey of the condition of each regiment. Of some few, however, his examination has been thorough, while from others he has received reports of inspections made under his instructions with a view to obtain precise information. Considerable confidence can therefore be placed in the general conclusions as to matters of fact, which will be expressed. The camps of the Rhode Islanders and of the 71st and 12th New York militia have not been visited, because it has been understood that their condition was exceptional, and no time could be spared from more general duties for the purpose. The Resident Secretary has also endeavored to make himself acquainted with the character of the supplies furnished, and with the manner of their distribution. Having been accompanied in most of his visits by Dr. Harris, the Resident Secretary will omit, as far as practicable, observations on the distinctly medical condition of the forces, presuming that Dr. Harris, on his return from Fort Monroe, will present a report on this topic.

Situation and Drainage.—The camps, generally, are favorably situated as to natural surface drainage. In many cases, not the slightest artificial drainage has been arranged; in others, surface-drains have been dug on one or two sides of a tent, or a line of tents, but an outlet entirely neglected, and this, sometimes, where an hour's labor of a man would have formed one. The drains are consequently ineffective. A complete system of drains, such as should have been laid out and made in the very hour the tents were pitched, can scarcely be found in any camp. In consequence of this neglect, during a recent sudden heavy rain at night, it is reported that water stood two inches deep in the tents of many camps. In respect of drainage by filtration, the quality of the soil and subsoil varies too much to allow any general statement to be made. The camps are generally on open ground, but some of them in the shade of woods, and the latter seem generally considered to be the more fortunate sites. Looking to the health of the men, this is unquestionably a grave error, of which evidence abounds. It is an advantage, however, to have a shaded place for drill near the camp, as is sometimes the case with those on the open ground. The tents are placed much closer together than they should be; closer than is usual in camps of regulars, unless under special circumstances. The site of the camps is selected by an officer of the quartermaster's department, not by the regimental officers. Night-soil has been recently deposited in large quantity within a short distance of several of the camps, and between them and the town. This has occurred because the scavengers have been unable to pass the lines of sentries at night. Immediately on learning this, a note was addressed by the Secretary to the mayor of the city, and a communication obtained with the health officer, who readily promised that the practice should be avoided. The use of cheap disinfectants was recommended to him to be applied to the night-soil already deposited near the camps.

Malaria.—There have been but few cases of intermittent fever found; three in one regiment is the largest number; this camp was situated near a pond.

Sun-Stroke.—A few cases have occurred in almost every encampment. The men are generally provided with "havelocks," which are worn or dispensed with according to the caprice of individuals. Even at the dress parade in most regiments, each man wears a havelock or not, at his pleasure. The havelocks, as generally made, are of little use. The article worn by the Indian troops, pictures of which probably suggested that termed in America the havelock, is quilted and stiff, resting on the shoulders, and thus kept open, clear of the ears, and allowing a free circulation of air beneath. Men who have been drinking freely of water when on a march, or at drill, are the most frequent sufferers from sun-stroke.

Water.—Water, of good quality, is generally found in abundance near each camp.

Tents.—The most common tent is a poor affair, being similar in form to the French *tent d'abri*, but without its advantage of portability. The common wall-tent is also largely used, and is much better. During the day the walls are triced up, and the tent is well ventilated; but at night, if the walls are lifted, or the flaps opened, the drift of the dew-laden wind across the men sleeping on the ground is felt to be severely cold. In most cases therefore—the officers paying, apparently, no attention to the matter—the tents are closed as tightly as possible at night, and are crowded full of sleepers, six to eight and sometimes ten men being found in each. Of course they breathe a most vitiated atmosphere. Those who are most sensitive to this are sometimes forced out of the tent; and in a camp visited at night, the Secretary discovered that many men were sleeping on the ground, without any protection from dew or malarious influences. This had not been regarded, and apparently was unknown to the regimental officers. The wall-tent, when provided, as it is sometimes found to be, with large square openings at the end, with flaps to button over them when necessary, is the most comfortable tent for summer. This, or some other opening for ventilation, well above the ground, should be provided in all cases. The "Sibley" is, however, much the best tent for all purposes, and it is to be hoped that it will rapidly displace all others. It is easily ventilated, and at the same time supplies the best protection to its occupants during inclement weather. The men generally sleep on a single blanket spread upon the ground. The regiments sent by the New York Union Defence Committee, and some few others,

are provided with india-rubber tent-floors, or blankets, and in some cases the tents are furnished with plank floors. These, which would otherwise seem to be best for a fixed camp, afford an unfortunate facility for the accumulation of unwholesome rubbish. Where there are no floors, loose straw is sometimes used, and in other cases straw in sacks.

Sinks.—In most cases the only sink is merely a straight trench, some thirty feet long, unprovided with a pole or rail; the edges are filthy, and the stench exceedingly offensive; the easy expedient of daily turning fresh earth into the trench being often neglected. In one case, men with diarrhœa complained that they had been made sick to vomiting by the incomplete arrangement and filthy condition of the sink. Often the sink is too near the camp. In many regiments the discipline is so lax that the men avoid the use of the sinks, and the whole neighborhood is rendered filthy and pestilential. From the ammoniacal odor frequently perceptible in some camps, it is obvious that the men are allowed to void their urine, during the night at least, wherever convenient.

(To be continued.)

Recent Inventions.

DESCRIPTION OF THE "BRIGADE CASE,"

DESIGNED BY

H. S. HEWIT, M.D.,

FORMERLY ASSISTANT SURGEON, U. S. A.

And respectfully submitted for the approval of the Medical Staff of the U. S. Army.

The case described below is one designed by the writer to meet a surgical want hitherto unsatisfied. It is intended to contain every instrument which can be useful in any emergency, and, with the instruments already in possession of the staff, will furnish a complete *armamentarium chirurgicum*.

It consists of the following instruments:—

For Amputations.—Four amputating knives; two amputating scalpels; one amputating tenaculum; one capital saw; one finger saw; two spiral tourniquets.

For Trephining.—Two trephines; one Hey's saw; one elevator.

Forceps.—One Liston's straight bone forceps; one Isaac's bayonet do.; two Lüer's bone-gnawing forceps; one Strohmeyer's stumpholding forceps; two tooth forceps; two Lüer's artery forceps; one torsion forceps; one thumb forceps; one mouse-tooth forceps.

Saws.—One Strohmeyer's saw; one saw à dos mobile; one saw guard.

Trocars and Catheters.—One curved rectum trocar; one straight trocar; one partition catheter; five silver catheters, 1, 3, 5, 7, 9; one silver catheter for prostate, 12; one steel staff grooved; twelve English flexible catheters.

Needles.—One Mott's artery needle; one right Deschamps' artery needle; one left Deschamps' artery needle.

Bistouries and Scalpels, &c., &c.—One sharp-pointed straight bistoury; one probe-pointed straight bistoury; one probe-pointed curved bistoury; one sharp-pointed curved bistoury; one hernia bistoury; four scalpels; one tenaculum; two double hooks, sharp; two double hooks, blunt; two retractors; one pair of Musseux's forceps; one pair of polypus forceps; one pair of dressing forceps; one pair of heavy straight scissors; one pair of ordinary straight scissors; one pair of curved scissors; one silver director; one steel director; one Schleswig bullet forceps; one Hamilton's bullet forceps; two double trachea tubes; one Lüer's articulated œsophagus tube; one wire suture needle; two eye needles; one vaccinating scarificator; one hard rubber four-ounce syringe; silver probes, wire, and suture silk.

It will be observed that amputating, trephining, resecting, and artery instruments are here comprised, together with tracheotomy tubes, trocars, and the silver suture needle.

The dimensions of the case are, length, 18 inches; breadth, 13¾ inches; depth, 2½ inches. The weight is 19¾ pounds, and with the containing leather valise, like case, will be upwards of thirty pounds.

It is intended that the exterior case shall be made five inches in depth, the lid to contain rollers two and a half inches wide by seven yards long, placed on end, and lint, cerate, oil, chloroform, and sponges, so that with this case occupying no more room than a common travelling valise, any amputation, resection, ligature, or other operation can be performed, or any wound dressed except those requiring splints.

The undersigned respectfully recommends that one case similar to the above be furnished to every surgeon and medical director of the regular army, and to every brigade surgeon of the volunteer forces.

The case itself is made of tin, japanned, and is as compact and light as a complete case can be made.

It is not intended for hand transportation, excepting for short distances. It is of convenient size for any other conveyance or for packing.

The instruments have been made and arranged by Mr. Jules Teincken, of Astor Place, agent for A. Lüer, of Paris, whose name alone is a guarantee of excellence of material and workmanship.

The present aspect of surgery, and the experience of the Schleswig-Holstein war and the Crimean war, urge imperatively upon all military surgeons the cultivation, according to their means and circumstances, of conservative surgery. The above case furnishes all the instruments necessary for resecting bones or joints, excepting the chain saw, which has been omitted on account of its extreme liability to get out of order. The saws in the case, it is believed, will answer every purpose of the chain saw.

The long, hollow, silver suture needle is added under the belief that silver or other metallic sutures are destined to occupy a high place in both ordinary and conservative surgery. It is the intention of the writer to make trial of the silver thread if he has opportunity (silver wire twisted over silk) both as ligatures and sutures, and report the result.

The high claims of the profession, the future of medical and surgical science, and the great and ever present cause of humanity urge the profession, both military and civil, to high heroic and noble enterprise.

Let us see that history record that no life or limb was sacrificed in the present war which sanitary science and foresight or surgical skill could have saved; and let our profession seize the present glorious opportunity to demonstrate its value and utility in times of real danger and distress. If quackery hereafter has a front to show, it will be simply our own fault.

Correspondence.

KEROSOLENE.—A NEW ANÆSTHETIC AGENT.

[To the Editor of the American Medical Times.]

Sir:—Boston again claims the honor of discovering an anæsthetic. But this time neither Jackson nor Morton is the happy discoverer of this new letheon, therefore there is no special danger of a patent. In answer to your inquiries, I cannot at present afford a more satisfactory account than is given by Dr. H. J. Bigelow, in the following letter to the *Boston Journal*;

"Messrs. Editors:—In reply to your request for information concerning the 'kerosolene,' and although the evidence is incomplete, I see no impropriety in my furnishing you with such observations as I have been able to make since its introduction to the Medical Society last evening, by Mr. Merrill, Dr. Dickinson, and Dr. Bowditch, as an

untried agent of suspected anæsthetic properties, which had accidentally affected a man sent in to clean a cistern at the kerosene works, and which had been afterwards tried on flies and mice.

"This fluid presents remarkable properties. It is tasteless as water, volatile and inflammable as ether, though burning with a dense white light; of a faint chloroform odor, which, as it evaporates, changes to that of coal tar, and then disappears absolutely and altogether; so that a handkerchief saturated with the fluid has, at the end of a few minutes, when dry, no odor at all, nor has the room or atmosphere where it has been used, any trace of its presence. Both ether and chloroform leave, in different degrees, a persistent, *fade*, and stale aroma after evaporation, as is well known. They are also far less agreeable to inhale than this new agent, which has thus an obvious advantage over either of them. A few whiffs were sufficient assurance of its efficacy as an anæsthetic, which, with its other qualities, as I ventured to remark, would place the kerosolene beyond any known anæsthetic, provided its use was not followed by headache, vertigo, or other unpleasant symptoms, and provided it should prove as free from danger as ether. Subsequently, I inhaled the new vapor, which Dr. Hodges at my request administered. Complete insensibility supervened, lasting several minutes, with some diminution of the volume of the pulse. Its effect was wholly agreeable, leaving neither headache nor nausea, nor bad taste.

"I have this morning administered it to three surgical patients. The first, a girl of nineteen, presenting some hysteric tendencies, having thrust some twenty needles in her leg, was wholly insensible during the extraction of four of those which remained. Yet there was more cough than I had expected from the wholly unirritating odor of the vapor, more muscular rigor than usual in favorable anæsthesia, and more intermittence of the pulse. In a second patient, to whom it was given preparatory to an operation upon the face, insensibility was equally complete. But this woman did not take it kindly, and its complete effect was attended by so feeble and intermittent a pulse as to lead me to desist until she had recovered. A second attempt reproduced, with anæsthesia, the feeble and intermittent pulse, and I again desisted. Upon her recovery, I gave her common ether vapor, which she afterwards said was less agreeable, but which was followed by complete insensibility, the pulse beating steadily and full, at seventy-six. Though this patient perhaps succumbed more readily to a third anæsthesia, there seemed to be in the two first trials a certain degree of color and asphyxia, with its attendant spasm, which I have elsewhere described as an occasional and disagreeable symptom of attempted anæsthesia. To guard against this asphyxia, which might possibly have resulted from the folded towel, upon which I habitually administer ether, I tried in the next case an open sponge. The subject required a considerable incision for a mammary abscess, and was a patient of Dr. H. G. Clark, with whose assent I tried the kerosolene. In spite of the open sponge, the symptoms of asphyxia again appeared, suggesting to Dr. Clark before operating their resemblance to those resulting from charcoal gas. The color was livid, and the rigidity marked. In each of these cases, the quantity used was from one to two ounces.

"In conclusion, it may be remarked of these three cases, that they are insufficient for satisfactory demonstration, and that their common and unfavorable symptoms may well have been but a coincidence; yet they suggest some caution in the use of the kerosolene vapor. It is probably more potent than that of ether, requires a free admixture of air, and may produce upon the system some impression or influence, other than that of the mere intoxication attendant upon the use of ether. In awaiting further evidence, it may be considered established that kerosolene is an anæsthetic of undoubted efficacy, and that it possesses certain remarkable and attractive properties peculiar to itself."

J. C. O.

A GRADUATE FROM A NEW YORK MEDICAL COLLEGE AFTER TWO YEARS' STUDY.

[To the Editor of the American Medical Times.]

Sir:—A medical student of this place consulted me last fall, in regard to the advisability of attending lectures in a neighboring College, where he had already taken one course. He was in doubt as to the best course, because by the end of the term only about *two years* would have elapsed from the time of commencing his studies, a fact of which the Professors of the College were aware; he could not, therefore, graduate, and would be obliged to attend three courses. What may have been the reasons for the course he took, I cannot say, but I know that he returned here this spring with the diploma of one of the *oldest* schools of your city, and is now occupying a public appointment upon the strength of that diploma, although it is evident that he is unqualified.

Now, sir, I suppose there is no hope of redress in such a case as this, either for the profession or the Western college, to both of which great injustice has been done, but I have thought that, perhaps, the facts had better be laid before the profession. Ohio.

July 10, 1861.

CORRECTION.*

[To the Editor of the American Medical Times.]

795 Broadway, New York, *July* 24, 1861.

Sir,—In your issue of July 20th is an article on "Improved Splint for counter-extension in Morbus Coxarius, by Dr. Chas. F. Taylor," in which he states, "I constructed an instrument, in the latter part of last year, with a branch passing from the external splint over just above the knee to the inside of the thigh," &c; and in the concluding paragraph of his article, after claiming various improvements, &c., says:—"And I am forced to do this from the fact that the Medical Times, in its issue of June 29th, had an instrument figured as the improvement of Dr. Sayre, which the reader cannot have failed to notice, is, so far as the contrivance for receiving the adhesive strap from the inside of the thigh, substantially identical with the one here described. This improvement was first shown by me to Dr. Sayre, after I had used it several months, and he has adopted it without giving me the proper credit."

Dr. Taylor first showed me his instrument about the 1st of February, 1861; whereas it will be observed by the following correspondence that my instrument was exhibited at Bellevue Hospital at the time of my lecture on Hip Disease, in December, 1860; and I had constructed it some time previous to that period at the suggestion of Dr. Mason.

As the Lecture was not published until June 29th, 1861, it is possible that Dr. Taylor fell into his error by not observing the date of its delivery.

I called upon Dr. Taylor as soon as I had read his article, knowing that he would correct the error as soon as it was explained to him, but finding him absent from the city, and that he would not return for some weeks, I have deemed it but justice to myself to correct this false statement.

795 Broadway, *July* 22, 1861.

Dr. Mason, House Surgeon Bellevue Hospital.

Dear Sir—Will you be kind enough to give the date of the case of *Morbus Coxarius*, in Dr. Crane's wards, and for which you suggested to me to alter my instrument so as to make extension from above the knee only, and also the date of my lecture on that subject, in which I exhibited the improved instrument.

Respectfully yours, &c.,

Lewis A. Sayre.

Bellevue Hospital, New York, *July* 23, 1861.

Dr. Sayre.

Dear Sir—The time I first made the suggestion to you to make the extension from above the knee in your apparatus

* It is but proper that we should state that the Lecture of Dr. Sayre has been in our possession since the early part of January, and that its publication was delayed by a pressure of matter.—Ed.]

for the treatment of Hip Disease, was about the middle of September, 1860. The apparatus thus modified you showed to your class at Bellevue Hospital the middle of December, 1860.

Yours respectfully,

ERSKINE MASON, M.D., House Surgeon.

Further comment is unnecessary. You will oblige me by giving this an insertion in your next issue.

Respectfully, your obedient servant,

LEWIS A. SAYRE.

Army Medical Intelligence.

SURGEONS AND ASSISTANT SURGEONS OF THE REGIMENTS IN THE BATTLE OF BULL'S RUN, VIRGINIA, July 21, 1861.

MEDICAL DIRECTOR, W. S. KING; ASSISTANT, DAVID L. MAGRUDER.

FIRST DIVISION.

FIRST BRIGADE.—*First Regiment Connecticut Volunteers.* Surgeon, C. P. Stearns; Surgeon's Mate, Frederick Dibble. *Second Regiment of Connecticut Volunteers.* Surgeon, A. T. Douglas, M.D., of New London; Surgeon's Mate, Francis Bacon, of New Haven. *Third Regiment Connecticut Volunteers.* Surgeon, John McGreggor, of Thompson; Assistant Surgeon, Matthew T. Newton, of Suffield. *Second Regiment Maine Volunteers.* Surgeon, William H. Allen, of Orono; Surgeon's Mate, A. C. Hamlin, of Bangor. *Second Regiment, New York State Militia.* Surgeon, Dr. A. Powell; Assistant Surgeon, S. E. Ferguson.

THIRD BRIGADE.—*Sixty-Ninth Regiment, New York State Militia.* Surgeon, Dr. Kiernan. *Seventy-Ninth Regiment, New York State Militia.* Surgeon, James Norval, M.D. *Thirteenth Regiment, New York Volunteers.* Surgeon, — Little; Assistant Surgeon, — Avery. *Second Regiment Wisconsin Volunteers.* Surgeon, J. M. Lewis.

FOURTH BRIGADE.—*Second Regiment Michigan Volunteers.* Surgeon, Alonzo B. Palmer; Assistant Surgeon, Nathan Webb. *Third Regiment Michigan Volunteers.* Surgeon, D. W. Bliss; Assistant Surgeon, Z. E. Bliss. *Twelfth Regiment New York Volunteers.* Surgeon, E. W. Pease; Assistant Surgeon, G. B. Todd. *First Regiment Massachusetts Volunteers.* Surgeon, Richard H. Salter, of Boston; Assistant Surgeon, Samuel A. Green, of Boston.

SECOND DIVISION.

FIRST BRIGADE.—*Eighth Regiment New York State Militia.* Surgeon, Dr. Dalton; Surgeon's Mate, T. E. Smith. *Fourteenth Regiment New York State Militia.* Surgeon, Captain J. M. Homeston; First Assistant Surgeon, Lieutenant J. L. Earley; Second Assistant Surgeon, F. Swalm. *Twenty-Seventh Regiment New York Volunteers.* Surgeon, Barnes; Assistant Surgeon, Morse.

SECOND BRIGADE.—*First Regiment Rhode Island Volunteers.* Surgeon, Francis L. Wheaton, Prov.; Surgeon's Mate, Henry H. Rivers, Prov.; Surgeon's Mate, George W. Carr, Providence. *Second Regiment Rhode Island Volunteers.* Surgeon, Francis L. Wheaton. *Seventy-First Regiment New York State Militia.* Surgeon, Dr. McMillan; Assistant Surgeon, Dr. Dodge; Second Assistant Surgeon, Dr. Peitnet. *Second Regiment New Hampshire Volunteers.* Surgeon, George H. Hubbard.

THIRD DIVISION.

FIRST BRIGADE.—*Fifth Regiment Massachusetts Volunteers.* Surgeon, J. W Hurd; Assistant Surgeon, Wm. W. Keen, Jr., M.D., of Philadelphia. *First Regiment Minnesota Volunteers.* Surgeon, J. H. Stewart; First Assistant Surgeon, C. W. La Botelier.

SECOND BRIGADE.—*First Regiment Michigan Volunteers.* Surgeon, William Brodie; Assistant Surgeon, Cyrus Smith. *Fourth Regiment Michigan Volunteers.* Surgeon, Thomas Tunnicluff; Assistant Surgeon, D. P. Chamberlin. *Eleventh Regiment New York Volunteers.* Surgeon, C. A. De Williers. *Thirty-Eighth Regiment New York Volunteers.* Surgeon, A. Berry; Assistant Surgeon, Stephen Griswold.

THIRD BRIGADE.—*Third Regiment Maine Volunteers.* Surgeon, Gideon S. Palmer, of Gardiner. *Fourth Regiment of Maine Volunteers.* Surgeon, Wm. A. Banks, Rockland; Assistant Surgeon, Elisha Hopkins, Jr., Searsport. *Fifth Regiment Maine Volunteers.* Surgeon, Buxton, of Warren; Assistant Surgeon, F. G. Warren, of Biddeford. *Second Regiment of Vermont Volunteers,* Surgeon, Newton H. Ballou, Burlington; Assistant Surgeon, Walter B. Carpenter, Burlington.

FIFTH DIVISION.

FIRST BRIGADE.—*Eighth Regiment New York Volunteers.* Surgeon, Dr. Rudolph Welcker; Assistant Surgeon, Francis Stackly. *Twenty-Ninth Regiment New York Volunteers.* Surgeon, Dr. C. Neuhaus; Assistant Surgeon, C. H. Osborne. *Garibaldi Guard, of New York.* Surgeon, A. Mager. *Twenty-Seventh Regiment Pennsylvania Volunteers.* Surgeon, P. Heller; Assistant Surgeon, M. Heller.

SECOND BRIGADE.—*Sixteenth Regiment New York Volunteers.* Surgeon, W. H. Crandall; Assistant Surgeon, John H. Moore. *Thirty-First Regiment New York Volunteers.* Surgeon, Dr. Frank H. Hamilton; Assistant Surgeon, Dr. Lucien Damainville. *Eighteenth Regiment New York Volunteers.* Surgeon, W. Van Ingan; Assistant Surgeon, Edmonson. *Seventeenth Regiment New York Volunteers.* Surgeon, J. C. Stewart; Assistant Surgeon, A. B. Shipman. *Thirty-Second Regiment New York Volunteers.* Surgeon, Wm. B. Little; Assistant Surgeon, G. T. Totten.

FATE OF SURGEONS IN THE BATTLE OF BULL'S RUN.—*Wounded*—Surgeon N. S. Barnes, of the 27th Regiment N. Y. Volunteers, contused wound of knee. *Prisoners*—Surgeon B. Buckstone, 5th Maine Regiment; Surgeon A. Allen, 3d Maine Regiment; Surgeon A. A. C. Williams, 1st Maine Regiment; Surgeon A. Powell, — N. Y. Volunteers; Surgeon Foster Swift, and Assistant Surgeons G. S. Winston and Charles DeGraw, 8th N. Y. State Militia.

A morning paper says of the Surgeons of the 8th Regiment N. Y. S. M.:—

"NOBLE CONDUCT.—A notable instance of magnanimous self-sacrifice on the part of the Surgical Staff of one of our city regiments occurred in the battle of the 21st. The above named Surgeons nobly surrendered themselves to the enemy rather than desert their wounded comrades on the field of battle. Such conduct reflects the highest credit on the heroism and humanity of these officers, and deserves to be widely known and duly appreciated."

CAMP BUTLER—NEWPORT NEWS.

REPLY TO THE CORRESPONDENT OF THE BOSTON MEDICAL JOURNAL—DEFICIENCIES IN THE MASS. MEDICINE CHEST—THE KIND OF MEDICAL SUPPLIES FOR A REGIMENT WHICH EXPERIENCE SUGGESTS—MEASLES AS AN EPIDEMIC—NEED OF REORGANIZING MEDICAL DEPARTMENT OF THE VOLUNTEER ARMY—DEFICIENCY IN HOSPITAL SUPPLIES AND ACCOMMODATIONS AT FORTRESS MONROE.

[Special Correspondence of the AMERICAN MEDICAL TIMES.]

SHORTLY after arriving at Fortress Monroe with my regiment, I wrote you on some topics thought to be of interest to the profession, and particularly to those who were about commencing a course comparatively new to the American surgeon of the present age. As you are kind enough to request a continuance of the correspondence, I will give you a few items, the result of more mature observations in the peculiar department now attracting so much attention in our ranks.

Before proceeding, however, it may be proper for me to allude to a letter bearing the signature of "K," in the *Boston Med. and Surg. Journal*, questioning the truth of the statements I made concerning the insufficiency of the medical chests put up under the direction of the Medical Commission, in Boston. As the letter is anonymous, conceited in style, and every way unworthy of a gentleman, I might as well pass it over; but I simply wish to reiterate the assertion, that the chests were entirely deficient in the means of making ordinary volatile liniment, common cough mixtures, or gonorrhœa mixtures, and many other of the simple combinations so much in use by those who are familiar with practice. It may be the "habit" of the gentlemen who practise about the *Hub* to give garlic to their pulmonary cases, as the best expectorant; but I know many worthy gentlemen there, who are not afraid to write their whole names, and are in the habit of using squill, paregoric, tinc. antimonii, do. ipecac., syr. tolu, sanguinaria, etc., in various combinations, and with good effect. Possibly they do not manage "lung institutes," and are not up to garlic; or perhaps they do not know it is so easy to get at Fort Monroe! I distinctly assert that none of the above articles were in the chest, till I *bought* them, with the *ammonia* and many other things, in Vermont. Though at the expense of his argument, "K" may still find a ray of comfort in the fact, that the accident which was so nearly fatal to my life, and caused me so much suffering, was from ammonia purchased by myself to remedy the want of the Massachusetts chests. If the ammonia had been properly packed with the other medicines, it would not have been exposed to the sun, and the accident would not have occurred. I take this occasion to express my gratitude to Drs. Saville and Faxon, of the 4th Regt., Mass., to whose kind attentions I owe at least the preservation of my eyesight. As regards the question of medical supplies for a regiment about leaving for the seat of war, after an experience of three months, most of the time as post surgeon to a station with five regiments, I would make an outfit as follows: Instruments, in as complete a set as I could procure, including a great variety of *exsecting* instruments;

portable splints; field tourniquets, 3 doz.; stretchers, 3; lanterns; hospital knapsacks, 2; portable cooking stove and furniture; 25 bed sacs, narrow for cots, and changes of bed-clothing for same; napkins, towels, bandages, lint, etc., *ad libitum*; 25 each long night-shirts, of cotton and flannel. Medicines—10 days' supply, if going to encamp near a port or depot for army supplies; if not, 20 days' supply.

Instead of having medicines packed as usual, so that to make up a prescription on ship-board or in camp everything has to be unpacked, I would have portable chests, with tin cans fitted like a liquor-case, holding four or five gallons, or less, according to nature of medicines, filled with cough mixtures, liniments, gonorrhœa mixtures, and such combinations as the surgeon is accustomed to use in his private practice. The *quantity* of medicine dispensed at a surgeon's morning call, during the prevalence of an epidemic like measles, diarrhœa, etc., would hardly be believed until experienced. The same cause that gives ten men quinsy, or diarrhœa, or influenza, or intermittent, is as likely to affect one hundred; and in men so nearly alike in habits of life and circumstances as the soldier, what is good for one is the same for the whole, with few exceptions. One hundred prescriptions (and I have made them many a morning) of mixtures, and pills, and powders, for these diseases, tells on the bulk of your supplies rapidly. This method of preparing combinations is for convenience, and to facilitate dispensing when on the move. Less bulky and more powerful, and less used preparations, may be packed in the usual way.

These suggestions are too late for many; but if followed by those yet to march, will save infinite trouble. The surgeons of three months' regiments have had an experience that their successors will never have, on many accounts. One is, that the first regiments were not *inspected*, and from fifteen to twenty per cent. of the men were incapacitated for military duty, and of course filled the hospitals, and converted them into asylums for permanent invalids, from chronic disease.

Thus much by way of explanation of my last letter. I add a few items relative to medical matters at this post, which may be of interest. At the date of my last letter the 1st Regt. was stationed at Fort Monroe, and the measles had taken the form of an epidemic; there being something like a dozen cases down, mostly from three companies. About the 1st of June, the 1st Vt., with the Mass. 4th, and a corps of U. S. Engineers and Artillery, made the initial advance of this division of the army, and entrenched themselves at Newport News, on James river, about nine miles above Fort Monroe, though not in sight of the fortifications. Here we have since been joined by three additional regiments from New York, making the force now here five regiments, or about four thousand men. The form of the command is that of a post—Col. Phelps, of the Vt. Regt., being in command. The military, commissary, and medical department are now administered in this form. I mention this to show the way in which regiments organize themselves as they come together, each regiment losing in many respects its individual character, as it becomes a portion of a brigade or a post. This system, of course, has an important bearing on the position of a surgeon in the army, and is something, I think, that is very little understood in the profession. Until the whole system of the medical department of the volunteer army is reorganized, there must be a good deal of confusion among the newly appointed surgeons. For instance, under the present regulation, the senior surgeon of a post becomes the post surgeon of that station, which, under the militia system, might place the least deserving persons at the head of the staff. It is quite evident that our army cannot secure the services of the surgical talent of the country under any such trammels as now exist. The bill now before Congress for the appointment of brigade surgeons will obviate some of the difficulties that now exist relative to rank and station among the medical staff of the volunteer regiments.

The great drawback to the efficiency of the medical department in this division of the army is the great deficiency of medical and hospital supplies at Fort Monroe, which is the great depot of supplies for the army under Gen. Butler. The apathy which has been manifested in making provision for the sick at Fort Monroe is perfectly astounding. It can be called by no other name than *utter neglect*. It is nearly three months since Fortress Monroe commenced its prominent career in the present campaign, as a depot for troops and supplies for one of the main divisions of the army. There is scarcely a household in New England, indeed, that is not now familiar with every stone of the noble old fort, through the well conned letters of sons and brothers encamped around its walls. Yet up to within a few weeks, apparently not a finger had been raised to make any further provision for the sick than had hitherto been considered necessary for the small squad of men stationed here in times of peace to keep the grounds in order, and the guns from rusting. When the Vermont regiment was put ashore from the crowded transport, on the 1st of May, there were several men down with measles, and others quite sick with various complaints incidental to exposure and fatigue, and there was absolutely no way to make them comfortable. The post hospital is very small, very neat, and very regular, fit for anything but the vulgar epidemics of a volunteer army. Dr. Cuyler, U.S.A., the post surgeon, aided me to the extent of his means, which amounted to about nothing at all. Through his assistance I finally found shelter for my patients in an L of Willard's Hygeia Hotel, which was the hospital for the Vermont regiment, till they encamped at Newport News. There is but little to say about the hospital. It was shelter, for which I was very thankful. But in *all* respects, as regards situation (fronting on a court-yard and the *privies*), ventilation, conveniences for cooking, washing, etc., it was just such a place as sick men ought not to be put into. I made a requisition, as a matter of course, for bedding for the hospital. The reply was, "There is none at the post—the supplies have not yet come." In the articles of medicines the reply was very often the same—the regular supplies had not come. I soon had thirty patients in hospital, without any bedding or linen whatever, excepting twenty-five sheets and pillow-cases, and about a dozen shirts found in one of the cases furnished by the ladies of one of the towns of Vermont, for its own company. On the arrival of General Butler, a statement of the deplorable condition of the hospital arrangements was laid before him, supported by written statements of patients, representing a state of things scarcely credible. On the strength of these authenticated statements, confirming the statements of surgeons, that they entirely failed in all their efforts through the *regular* channel, to provide decent accommodation for the suffering volunteers, Gen. Butler at once, with his well known nobleness of character, gave peremptory orders that the whole of Willard's Hotel should be taken for a general military hospital, and the beds, bed-linen, &c, belonging to the hotel should be purchased for the use of the sick, he becoming personally responsible for the amount. This was the first gleam of comfort to the suffering soldiers, and the over-worked and anxious surgeon. And I have yet to see the first evidence, that but for this personal and generous bursting of the toils of red-tape, a routine that seemed to fetter my hands that should have been raised to the relief of Northern volunteers, anything adequate to the necessities of the case would have been furnished.

[The conclusion of this letter from Dr. E. K. Sanborn, Surgeon of the 1st Vermont Reg., will appear next week.—Ed.]

Royal Medico-Chirurgical Society.—This Society having failed to effect an amalgamation of the Medical Societies of London, is considering the propriety of the formation of sections, as in the French Academy, and the N. Y. Academy of Medicine.

Council of the Royal College of Surgeons.—At a recent election of three members to this body, the following candidates were successful:—Solly, Ferguson, and Mackmurdo.

CORRECTION.—In the list of names of candidates who have passed the NAVY MEDICAL BOARD that appeared in the Times of July 20, the following corrections should be made in the 9th and 10th lines:—Walter K. Scofield, Connecticut; W. W. Leavett, Massachusetts; Henry M. Wells, Massachusetts; instead of Walter K. M. Wells, Massachusetts.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 15th day of July to the 22nd day of July, 1861.

Abstract of the Official Report.

Deaths.—Men, 92; women, 74; boys, 203; girls, 196—total, 565. Adults, 166; children, 399; males, 295; females, 270; colored, 8. Infants under two years of age, 277. Children reported of native parents, 24; foreign, 228.

Among the causes of death we notice:—Apoplexy 7; Infantile convulsions, 64; croup, 3; diphtheria, 4; scarlet fever, 18; typhus and typhoid fevers, 10; cholera infantum, 52; cholera morbus, 8; consumption, 59; small-pox, 14; dropsy of head, 18; infantile marasmus, 38; diarrhœa and dysentery, 42; inflammation of brain, 2; of bowels, 11; of lungs, 21; bronchitis, 3; congestion of brain, 10; of lungs, 3; erysipelas, 2; whooping cough, 1; measles, 7. 342 deaths occurred from acute disease, and 32 from violent causes. 393 were native, and 172 foreign; of whom 85 came from Ireland; 7 died in the Immigrant Institution, and 73 in the City Charities; of whom 18 were in the Bellevue Hospital.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

July 1861	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In	°	°	°	°	°		0 to 10	
13th	29.99	.06	68	60	78	8	15	NW.toSE.	4	.16
14th	29.96	.04	63	60	66	6	11	N.E.	9	
15th	29.94	.04	68	60	77	10	15	NW.toSW	6	
16th	29.87	.11	74	67	83	10	16	S.W.	4	.12
17th	29.91	.11	77	68	87	10	16	S.W.	1	
18th	29.95	.10	78	72	85	8	12	S.W.	6	
19th	29.81	.26	76	70	83	6½	11	S.E.	8	

REMARKS.—July 13, Fresh wind A.M.; very light rain at noon and after 7 P.M. 14th, Wind; fresh A.M.; rain early A.M. and P.M. 15th, Variable wind, and sky. 16th, Tempest lasting 15 minutes at 6¾ P.M.; rain late P.M. 18th and 19th, Variable wind and sky during the day.

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